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*Sketches of Cases wherein the Essential Oil of Turpentine was administered for the Expulsion of Intestinal Worms.* By JAMES KENNEDY, M. D., of Glasgow.

(From the London Medical Repository.)

ESSENTIAL oil of turpentine, on the evidence of diversified observation and experience, may now be regarded as one of the best and most certain means of procuring the expulsion of intestinal worms. These sketches are consigned to the repositories of practical pathology, with the object of contributing additional illustration of the virtues of a medicine so diffusive in its influences, and so efficacious by its powers.

*Case 1st.* March, 1815.—R. H., a lad in his sixteenth year, had already been two days sick and confined to bed. His disease, on examination, now displayed the chief symptoms of inflammatory fever,—pain in the frontal and temporal regions, in the course of the spinal column, and along the centre of either thigh; thirst, gastric irritation, and constipated bowels; dry mouth, furred tongue, parched skin; pulse strong and accelerated; abdomen tumefied and intolerant of pressure; eye suffused and glossy, with dilated pupil, and great impatience of light. Twenty-four ounces of blood were taken from his arm, and a strong dose of calomel and jalap prescribed.

Next morning the symptoms were aggravated. During the night the patient was hot and agitated, and unable to sleep. He had three scanty liquid stools, and was much distressed with tenesmus and headach. At three different times, imperfect convulsions supervened, and these were preceded by grinding of the teeth, muscular spasms, flushings of the face, muttering,

moaning, and horror. Reflection on the assemblage of morbid signs induced me now to ascribe to the fever a sympathetic character, and to refer its development to the ascendancy of verminous irritation.

This case being deemed favourable for a trial of the anthelmintic powers of oil of turpentine, an ounce of that medicine, in a sufficient quantity of sweetened milk, was administered at noon, and another dose of the same strength, with an equal proportion of castor-oil, in a similar vehicle, at the end of four hours. About five o'clock, P. M., the patient began to experience severe gripes, with giddiness and intellectual confusion. Before six, a profuse perspiration took place, and the functions of his bowels were actively resumed. With much pain and straining, he obtained a copious discharge of liquid, scybalous, muculent fæces, along with which, an intervolved mass, composed of twenty-one dead lumbrici, and a countless number of ascarides, was expelled. The largest of the former measured eleven and a half inches in length, and, at the thickest, seven-eighths of an inch in circumference. Many of them were eight, the shortest three inches long. Five more of the first species were ejected in the evening, two during the night, and three on the following morning. Of the second, the number was very great. The worms, as well as the accompanying fæces were strongly impregnated with a terebinthinate odour.

Half an ounce of castor-oil, in an anodyne draught, was exhibited at bed-time, and the young man enjoyed moderate rest through the night. His febrile symptoms gradually subsided; and in a few days, with the use of an occasional laxative, his health was confirmed.

*Case 2d.* September, 1815.—Mr. C., married, and in his thirtieth year, requested my advice. This person is tall, fair, and thin. His habits are temperate, but he is considerably emaciated. His complaints are attended with the usual symptoms of alvine irritation. There is a perpetual sense of cold in his abdomen, accompanied with spasmodic twitchings in the umbilical region. His respiration is heavy and fitful; the odour of his breath and perspiration sourish and foetid. He is teased with an incessant tickling of the pharynx, occasioning a dry, hoarse, frequent cough. The mucous membrane of his nostrils is overspread with the particles of a furfuraceous exudation. His urine has a milky appearance and consistence. His pulse is hard, rapid, irregular, intermittent. Violent palpitations of the heart often fill his mind with alarm; and he is debilitated by profuse discharges of blood from the nose.

At intervals, during the greater part of his life, this man has



experienced distress from the excitement of alvine worms. Almost every remedy accounted vermifuge, whether of charlatanical or scientific prescription, has been tried by him, without permanent benefit. Among others, the celebrated nostrum of Madam Nouffer, though submitted to fair and repeated experiment, was unavailing, and left him despondent of relief. He now consented to use the oil of turpentine as a last effort for health, and professed himself ready to take it, in whatever form it might be prescribed.

Conformably to this resolution, he swallowed two ounces of the medicine, in an aromatic solution of gum arabic, at the time of going to bed. Early in the morning, he awoke with oppressive headach, accompanied by giddiness, confusion of mind, and general agitation. An ounce of castor-oil, in a glassful of acidulated water, being now given to him, he replaced himself to rest. At the end of two hours, severe pains in the abdomen, which was much distended, and incapable of bearing the gentlest pressure, aroused him from an unrefreshing sleep. Forthwith, he had an enormous alvine evacuation, with the matter of which, sixteen lumbrici, and an astonishing swarm of ascarides, all dead, were commingled. In another, he expelled six of the former, and many of the latter kind. During the day, he passed several loose stools; but these did not dislodge any worms. Qualmishness, at the same time, and exhaustion, with a sense of inanition, remitting headach, and frequent tendency to perspire, annoyed him; while his urinary, intestinal, and cutaneous excretions, emitted a strong terebinthine smell.

Next night he repeated the medicine in an equal dose, and on the following morning took castor-oil. His feelings and condition were, on this occasion, little different from those he experienced on the preceding day. The first evacuation was copious: it contained four large lumbrici, and great numbers of the ascarides; and all of both kinds, as formerly, were quite dead. In the course of the day his bowels were frequently moved, without any worms being expelled. The fæcal matter, however, was muculent, slimy, dark-coloured, and gave out the odour of turpentine.

This man took small doses of castor-oil on the four subsequent days; but it was nearly a fortnight before his headach and gastric disorder altogether ceased. Since that time to the present (February, 1821,) he has remained free from every symptom indicative of vermigenous disease.

*Case 3d.* May, 1816.—W. B., aged eighteen years, has for a long period of his life been afflicted with convulsive paroxysms, bearing great affinity to those of epilepsy. His person is ema-

ciated ; his countenance pale, languid, anxious ; his eye dull and watery. Depraved appetite and constipated bowels, alternating with diarrhœa, have long distressed him. His breath is foetid, his mouth foul, his belly tense and swollen. During sleep, he grinds his teeth and utters loud moans, is restless and agitated. These and other circumstances seem to authorize the opinion, that his convulsive movements originate from intestinal excitement produced by the presence of worms.

For the purpose of expelling these noxious animals, an ounce of oil of turpentine, suspended in three ounces of sweetened milk, was given to him at bed-time, and early next morning a repetition of the same dose. Awakening from a disturbed slumber, he experienced great oppression in the epigastric region. His mouth was dry, his breath tainted with the medicine, his thirst insatiable. Intense headach made him dull, peevish, and spiritless. Globules of ungenial perspiration glistened in his forehead : his carotid arteries pulsated with extreme, almost audible violence. Diminution of sensibility supervened, and, after some time, gave place to a convulsive paroxysm, in no degree different from those which he had heretofore sustained. This was followed by painful and repeated vomiting, and the matter thus disgorged was deeply impregnated with the flavour of the drug. He had only one stool during the day : it emitted a similar odour. With its contents, two lumbrici and several ascarides were intermingled.

At night, being disgusted with the medicine, he declined taking it ; but, in its stead, received a solution of Epsom salts, which, on the succeeding day, produced two alvine evacuations imbued with a faint terebinthine scent. No argument could induce this person to proceed farther with the treatment, and he was, in consequence, left to appreciate the suggestions of his own mind.

After the lapse of two months, application was again made to me in this young man's behalf. His disease seemed not, in the interval, to have undergone any change. The original mode of treatment was again advised ; and to this, on reflection, he yielded a reluctant assent. In compliance with this advice, he took an ounce of castor-oil in the afternoon, and a purgative powder, containing calomel and gamboge, at the time of retiring to bed. Next morning he awoke about the dawn, and, on having a motion of his bowels, took one ounce of oil of turpentine in an aromatic emulsion. At the same time, the operation of his medicine was assisted by the liberal use of warm demulcent drinks.

Much unpleasant feeling, and several discouraging symptoms, but likewise some perceptible advantage, resulted from this ex-



hibition of the remedy. Considerable nausea was excited, and headach, and thirst, and abdominal distention. Tendency to convulsions was not perceived: strangury, however, supervened, and discharges of bloody urine. Nevertheless, these soon subsided under the use of topical fomentations. The bowels acted frequently during the day, and, with a great quantity of slimy fæces, expelled many lumbrici, all dead, and imbued with the terebinthine taint. Two days subsequently, the same remedies were a second time administered, after being preceded by the warm bath. Similar phenomena, with the exception of strangury, were on this occasion elicited. The urine was nearly limpid: it had a pale yellow tinge, and, with the perspirable and fæcal excretions, retained the flavour of the medicine.

With the intervention of a few days between each trial, the same course of treatment was three other times repeated, with effects not particularly different. Numerous dead lumbrici, and many of them of a large size, were by these means dislodged; but no trace of ascarides could at any time be discovered. Up to the last-mentioned date, the young man's convulsions are not known by me to have reappeared.

*Case 4th.* July 30th, 1817.—M. T., an active girl, seven years of age, was this day visited by me, at her parents' request. By their account, her health had been defective during the last twelve months. Her skin, at present, is hot and dry; her pulse small, rapid (126), irregular. She has constant thirst; impaired appetite; headach; occasional hiccup; hoarse, frequent cough; muscular spasms. Sometimes she vomits her food; her bowels are often constipated, often morbidly free, often griped. A sense of coldness pervades her abdomen, particularly its umbilical region: it is distended and irritable under pressure. Oftentimes she starts in great alarm from an unrefreshing and disturbed sleep, and utters piercing shrieks. While asleep, her under lip is intermittingly agitated by tremulous motions. An evanescent blush plays upon her cheeks; her eye has a characteristic wildness of expression; its sclerotic tissue is pearly white and glossy, its pupil languidly contractible; her whole physiognomy, indeed, is indicative of disease originating from excitement of the alimentary canal.

This girl was put under a course of alterative evacuants, which, in the space of one week, brought away very great quantities of discoloured, scybalous, muculent fæces, with the effect of relaxing the abdominal tension, and mitigating the cephalalgic pain. In other respects, her pathognomonic symptoms underwent little change. The same remedies were continued during another week, with the addition of the warm bath

every second evening. Their operation, at the same time, was assisted by frequent frictions of the abdominal and lumbar regions with an ammoniated liniment combining turpentine and camphor. This treatment effected the dislodgment of much sordid faecal matter, in which were found several detached pieces of tape-worm. Each of these was living, and varied, in length, from one to three inches. Little improvement of the patient's health, however, had as yet become apparent. *Tæniæ* infesting the alimentary system were now regarded as the chief source of all this young person's disorders, and for their expulsion the oil of turpentine was prescribed. For this purpose, she took four drams of the medicine mixed with an ounce of syrup of roses, after her having been immersed for fifteen minutes in a warm bath. The frictions were also continued; and, at the end of six hours, half an ounce of castor-oil was exhibited.

About an hour after taking the medicine, she required to be placed in bed by reason of intense headach, vertigo, and a disposition to vomit. Anon, she unloaded her stomach by vomiting, and soon fell into a profound sleep, during which her body was covered with a profuse perspiration. When she awoke, being more composed, her mother prepared a second mixture, and made her swallow it. Effects not materially different from those induced by the first dose again supervened. The medicine, however, was with much difficulty retained, and free action of the cutaneous exhalants re-established. In the afternoon she received a purgative powder, which soon began to operate. By this means, great quantities of ropy, offensive fæces were expelled; and in one of the dejections was found a piece of *tænia*, measuring four feet in length, and showing no signs of life.—Next day the same treatment was repeated, with the most beneficial effects. In the course of three days eighteen pieces of the worm were discharged from her bowels. These pieces varied from one inch to a foot in length; they were all dead, and more or less impregnated with the drug's odour.

Cathartic powders were occasionally administered to this patient during the five subsequent weeks, when their use was discontinued. For some time her alvine discharges contained many minute portions of lifeless tape-worm; but latterly these altogether disappeared, and the patient for many months remained in a confirmed state of health.

February, 1819.—About the commencement of this month, some fragments of living *tænia* being detected in the dejections of the same girl, she was again placed under my care. Her health at this time was imperceptibly affected: she took food, and amused herself with all the vivacity of a sprightly child.—



Her complaints consisted solely of occasional gripes and unpleasant tension, without enlargement, of the abdomen. With the object of ascertaining its helminthagogue virtues, in a different mode of exhibition, I now instituted a trial of the oil of turpentine in the form of an injection. Under my own direction, accordingly, a lavement, consisting of an ounce of the drug, and six ounces of tepid milk, was slowly and cautiously introduced. During its reception, she complained of acute pain in the bowels; but this was only momentary, and unaccompanied with any other troublesome sensation. After being retained about twenty minutes, the medicine was expelled, and brought with it a copious dejection, in which eight pieces of tape-worm, all dead, and of different lengths, were discovered. At the end of another twenty minutes, some urine was voided: its colour seemed natural, but it emitted a strong terebinthine smell. In two hours more, she had a second intestinal evacuation, from the contents of which two pieces of *tænia* were taken. Late in the same evening, a clyster, in all respects similar to the former, was carefully injected. This was immediately thrown back, along with a small proportion of *fæcal* matter. It dislodged one short fragment only of the animal, and no disagreeable feelings were induced by its operation. The joints of the worm manifested no signs of life. The child afterwards took supper as usual, was put to bed, and slept soundly till morning. At an early hour five grains of calomel were given to her, and in the course of the day produced four free stools. With the first of these, two portions of *tænia*, dead, and each measuring five inches, were rejected. At my suggestion, her father, as soon as he rose from bed, ascertained the following circumstances;—her linen, a slip of flannel bound round her neck, her night-cap, and the contiguous bed-clothes, gave out a distinct smell of turpentine; her breath, also, together with her urinary and alvine excretions, was deeply impregnated with the same odour. On the subsequent day two additional pieces of the worm were voided by stool: they were dead, faded, and shrivelled. For several weeks my patient occasionally took aperient medicine; and at the time of my departure from Strathearne, in 1821, experienced no relapse of the disease.

*Case 5th.* June, 1821.—Mrs. J., the mother of a numerous family, and far advanced in life, had suffered during several years from a variety of complaints, which medicine hitherto had proved unable to remove. Her existing symptoms were, in chief,—unequal arterial action; nocturnal paroxysms of feverishness, accompanied with general disquietude and insomnolency; excess of bile in the circulating fluids; œdematous condition of

the ancles and feet ; obtuse fixed pain in the left hypochondriac region, increased by pressure ; a deep seated, elastic tumour, perpendicularly oblong, and large as a new-born infant's head, situated in the parts corresponding to the sigmoid flexure of the colon ; successive developments of the hæmorrhoidal excrescence, giving rise to frequent small discharges of blood ; coffee-coloured, sedimentous urine ; occasional strangury ; fits of the senile cough determining copious expectoration of yellowish frothy mucus ; distaste of aliment ; interchanges of constipation and liquid dejections ; flatulency, with offensive eructations, and the more common symptoms of the dyspeptic and hysterical states.

Various modifications of alterative, deobstruent, and tonic medicines, with tepid and warm-bathing, abdominal and vertebral frictions, were employed during the eight subsequent months, as the means of mitigating or removing this person's complaints. Their best effects, however, produced only temporary and imperfect benefit ; and relapses were, at all times, readily determined by causes apparently very little calculated to deteriorate her health.

Reiterated failure of these remedies ultimately gave rise to a suspicion that *tænia*, acting on the internal alvine surface, might be the source from which all my patient's constitutional derangements arose. With the design of proving this indication, therefore, and, at the same time, of forwarding her cure, it was forthwith resolved to administer oil of turpentine, and to promote its influences by the exhibition of a powerful co-operative evacuant.

Pursuant to this view of her treatment, six drams of the medicine, suspended by agitation in two ounces of an aromatic infusion of rhubarb, were taken by the patient, at noon and in bed ; and, after an interval of three hours, the dose was repeated to the same extent. Fomentations of the abdomen were superadded, and, when another hour had elapsed, two drops of croton-oil, in a glass of sherry-wine, administered. In twenty minutes, acute intestinal spasms came on, and gradually increased. The bowels experienced a most distressing sense of distention, and an indescribable feeling was excited in the left lumbar region. By and by, a cold perspiration overspread the face and chest : tremors of the inferior extremities succeeded : ringing of the ears ensued : the features at last became cadaverous, the eyes agitated by nervous motions ; and the sufferer sunk in an alarming swoon.

By the use of analeptics and stimulants, she was soon restored to consciousness, and immediately (about fifty minutes after



the croton-oil was taken) the bowels began to act. The matter of three evacuations presented no unnatural appearances: it emitted, however, the true terebinthine scent. That of a fourth, which soon followed, and was attended with exquisite pain, consisted almost entirely of an innumerable swarm of very small worms, lifeless, and floating in a thick muco-gelatinous fluid, tinged with a few streaks of florid blood. This fluid measured altogether more than three English pints.

The patient now replaced herself in bed, after having received a mucilaginous anodyne draught. In the afternoon and course of the night, which passed away in unexpected tranquillity, she expelled, in three additional dejections, a great number of the same kind of worms. They were all dead, suspended in the viscid mucus, and very sensibly impregnated with the odour of turpentine.

Notwithstanding the distress induced by our first attempt, my patient hesitated not to prosecute the same system of treatment. In consequence of this resolution, she took two drams of the oil of turpentine, in different vehicles, with which a proportion of castor-oil was conjoined, on the mornings and evenings of alternate days, till the dose had been six times repeated. By the end of a week, this lady's circumstances were found to be exceedingly ameliorated. In the interval, great numbers of worms were expelled in occasional free evacuations. All her recent, and, at the same time, many of her original symptoms ultimately subsided, and the swelling in her left side no longer remained. By a varied management of her alimentary functions, this person in the course of a few weeks regained a state of health which withstood the atmospheric vicissitudes of winter; and its tenour has never since been so disturbed as to require the assistance of medicine.

By the evidence of numerous cases, it is made probable that the essential oil of turpentine possesses virtues capable of fulfilling the chief indications of treatment in disease originating from the presence of worms in the alimentary canal. The principle on which these virtues depend does not seem, however, to be altogether distinguished by the true cathartic character. This medicine, according to my apprehension, contains some inherent quality of resisting absolute decomposition by the assimilative operations of the organs of nutrition, and passes along the intestines in a great measure unchanged. There the proper terebinthine principle, whatever that may be, comes in contact with the parasitic animals, and, by the influence of its specific properties, deprives them of life. By this means they are brought into the state of inert matter, and thereby subjected

to the expulsive action of the organ, whose cavity is the place of their production, and whose functions their existence disturbs.

Each of the patients whose cases have been detailed, though in different degrees and at different intervals after taking the medicine, experienced various unfavourable symptoms. Excitement or increase of headach, gastric disorder, nervous exaltation, convulsive movements, seem to have been induced by its action on the sentient tissues of the organs of assimilation. Strangury and emission of bloody urine were, on one occasion, an evident result of the drug's exhibition: but their presence was transient, and may, without infringement of philosophical rules, be regarded as a trivial exception to a general law. The cause, whatever it be, of the other unnatural manifestations, does not communicate effects permanently injurious to the system. It is even questionable whether these same manifestations do proceed from an internal use and agency of the medicine itself, or from the nervous exasperation produced by reaction of the disturbed animals when subjected to the influence of its specific powers.

Analogy, though at best but a trustless guide, may without unfairness be allowed to contribute the means of determining what amount of certainty is due to the foregoing surmise. For this purpose, let an ounce of the essential oil of turpentine, suspended in tepid milk, and sweetened with sugar, be given to a healthy adult; and, with careful observation, mark the result. This has been done several times by my particular direction, and the uniform consequence was,—the medicine, after being retained in the stomach, two hours at the longest, was rejected by vomiting. In most of the persons on whom this experiment was made, there could be no doubt of the cause of this rejection being in a chief degree dependent on the power of imagination fostered by the drug's unpleasant taste. Beyond the gastric irritation, no other symptom supervened in any of these instances; but, notwithstanding its presence in the alimentary organs was short, and its expulsion appeared in all of the cases to be complete, the turpentine had partially yielded to the effects of absorption, and its odour was perceptibly exhaled by the cutaneous, urinary, and alvine excretions.

When we have resolved on administering oil of turpentine for the dislodgement of parasitic worms, it may be requisite that, at the same time, we combine measures adapted to obviate the injurious effects which the medicine sometimes exerts on the functions of the sanguineous and nervous systems. For this purpose, my own experience enables me to prefer the use of



preparatory and consecutive evacuation. In the preceding histories, when the disease was intense and obstinate, these precautionary means are represented as having failed of producing advantage: in ordinary and milder instances, however, their beneficial tendencies will be apparent. Croton-oil, from the promptitude of its operation, may yet be so managed as to become an energetic agent in completing the expulsion of the dead worms, together with the helminthagogue drug, from the system, and thus prevent the distresses imputable, in a great degree, to absorption of the terebinthine principle.

Oil of turpentine, in young and delicate subjects, may be exhibited by injection. In this form, however, it is less efficacious, although less disagreeable. It acts with more energy, in this way, on that kind of worms which infests the excreting portion of the intestinal tube. Introduced, indeed, into the alimentary canal, in whatever way, the medicine seems to determine particular effects by means of its influence on the actions of the muciparous organs: by rousing the energies of these, when overpowered or exhausted, it contributes to restore, to their salutary proportions, the different secretions by which the processes of alvine evacuation are facilitated and renewed. When disease, moreover, depends in a chief degree on embarrassment, disorder, or subversion of the intestinal functions, an appropriate exhibition of this oil will be found materially beneficial in commencing or promoting that kind of reaction in the parts, wherewith nature invariably strives to overcome the causes from which the disturbance of their health may have originated. For this purpose, as experience appears to show, it imparts by its proper efficacy, whatever that may be, a peculiar excitement to the nervous fibrils, vascular ramifications, mucous follicles, and muscular fibres, throughout the whole extent of the alvine surface; and by the complicated impulse thus induced, becomes a powerful auxiliary in obtaining the recovery of functional balance which was lost.

Instructed by this view of the terebinthine properties, I am at present directing their employment in a most obstinate and protracted case of that disease, to which, with little apparent propriety, the name of *diarrhœa tuburalis* has been applied. Hitherto, many favourable circumstances have combined to encourage the hope of my patient's sufferings being, at last, considerably mitigated. Be the results of the experiment, however, what they may, its detail is intended at some future period to constitute a brief pathological report, having for its object, to assist in discriminating the indications under which the essential oil of turpentine can be advantageously prescribed.

More than one circumstance in the case No. 5 will be admitted to involve considerable interest. The tumour situated in the patient's left side may, without impropriety, be regarded as one of the encysted kind. It had local connexion with the colon ; it was ruptured by the medicine's topical effects ; its contents were thrown into the channel of the intestines ; and there can be little doubt of its having been replete with a particular fluid, containing a multitude of parasitic worms. All these, when expelled from the bowels, were dead ; and, with the utmost care, it was found impracticable to obtain even one of them in an entire condition. Subjected to careful observation under a common microscope, several of the most perfectly retained characters which they were observed to possess, induced me to consider them as mutilated fragments of the vesicular worm described by later helminthologists under the generic designation *ditrachyceros*, with reference to the number and roughness, or *diceræ*, to the number only, of its horns.

Notwithstanding my own mind felt satisfied of the identity between these and the rough double-horned worm originally discovered and described by Sultzcr, and subsequently by Lesauvages, yet, from the necessarily imperfect nature of my observations on the disorganized remains of the animals, I do not find myself warranted in advancing this report as other than probable testimony to the facts in natural history which these philosophers had heretofore promulgated. As the subject, however, embraces matter alike amusing and instructive, the readers of the REPOSITORY may take interest in contemplating its chief features in the form of a descriptive sketch.

*History.*—Dr. Sultzcr's patient was a female, aged twenty-three years. From infancy, this person had been subject to frequent swoonings, and, since her seventeenth year, to a diversity of nervous affections. In her twenty-second year these symptoms became very distressing ; and, superadded to them, were an habitual languor and inappetency, obtuse colic movements, and a fixed pain in the left hypochondrium, which pressure or motion readily aggravated. Against these morbid indications she took a large dose of the family panacea,\* a drastic quack medicine, with the effect of determining a "*superpurgation*" which continued nine days. This was accompanied with vomitings, violent cramps, and "*colics so frightful*," as to excite suspicions of her being poisoned. Subsequent to this occurrence, the "*coliques scundes*" and pain in her left hypochondrium never altogether subsided.

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\* La poudre d'Ailhaud.



Some months after this, she had inflammation of the throat ; and, as a remedy, swallowed a draught containing manna and sulphate of soda. This purgative, in the course of two days, procured the discharge of a "prodigious number of *bicornes rudes*." Among all these, four only were found entire : the rest wanted their horns or external membranes ; these parts, however, were detected separately in the *fæcal* matter. From this time her left hypochondriac region was quite free from pain, except when strongly compressed ; by and by, uneasiness there entirely ceased, and the patient perfectly recovered.

Dr. Sultzer regards the whole tract of the intestines as the "habitat" of these animals. From analogy of their relations to other "vesicular worms," however, Dr. Laennec considers them as having been included in a cyst, which, by its ultimate rupture, threw them into the cavity of the alvine tube. This sentiment is founded chiefly on the pain which habitually existed in the left hypochondrium during the existence of the worms, and was probably caused by their presence, they having never reappeared after their expulsion. This "fixity" of the pain seems to him to indicate their confinement in a particular spot from which they could not escape ; for worms, such as *tæniæ* and lumbricoid ascarides, which freely pervade all parts of the intestinal canal, carry signs of their presence into every place they successively occupy.

*Description.*—*Ditrachyceros* constitutes a genus of vesicular worms : of this, one species only has hitherto been observed by naturalists. It is the *ditrachyceros rudis* of Sultzer, the *cysticer-cus bicornis* of Zeder, the *diceras rude* of Rudolphi, and, in his native idiom, the *bicorne rude* of the Strasburg Physician by whom it was first discovered.

This worm is of a fallow colour, and, including all parts, about four lines long. Its body is composed—1st. of an exterior, thin, floating membrane, enveloping it on all sides, without adhering to it, except in the proximity of its horns ; 2d. of a stronger, thicker membrane, which is also attached to the roots of its horns ; 3d. and of a sort of cyst or bag, smaller than the two former, and included in the cavity of the second. Each of its horns is thick as a horse's hair : both of them are conic, rugous, and somewhat flattened on the sides of their base, where they unite and form a sort of common trunk, which is very short, and moves in all directions as on a pivot. Examined with a microscope, the horns appear formed of a homogeneous substance, pitted with cells which are larger as their site is nearer the base. They are crossed longitudinally by a sort of line, consisting of

brittle matter. Their surface is bristled with numerous pyramidal flakes.

The cavity of the body contains a limpid fluid, and its investing membrane, seen through a microscope, appears all over both internally and externally, bestudded with tubercles, varying much in form, being oval, round, triangular, or trapezoidal, indented in their edges, and separated from each other by irregular depressions. The internal cyst is dark brown: both its surfaces are marked with deep wrinkles, but it contains no aperture, and is contracted into a point towards the back, where it is connected by adhesion to the inner face of its envelope.

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## II.

### *On Renal Inflammation.* By Dr. KINGLAKE.

(From the London Medical and Physical Journal.)

Renal inflammation is an affection, under any circumstances, of a very serious nature. Organs, like those of the kidneys, of vital importance to the existence and well-being of the animal economy, cannot have their function either suspended or disturbed, without materially disordering health, and even endangering life. The kidneys possess in the animal frame a situation of great local security, externally fenced for the most part by a bony fabric, and internally sheathed in a capsule, and often a fatty covering, affording to them at once an uniform temperature and an immunity from hurtful pressure. The ailments occurring in these organs are more likely to proceed from disorders imperceptibly arising in their excitability, structure, or function, than from mechanical or accidental causes.

The excitability of the kidneys, in common with that of every other organ connected with some special function in the animal economy, is generated by, and emanates from, the peculiar structure by which they are constituted. If the structure be distempered, its excitable product must share in such distemper: if it be disorganized, the effect on its excitable powers must correspond with such altered structure. Both the peculiarity of texture and excitability of the kidneys are subservient to the renal function, which is that of abstracting from the circulating fluids superfluous water, and the various excrementitious substances contained in it. This unremitting function, like that of the heart and lungs, cannot be impeded or deranged without inducing much disorder in the lungs themselves, as well as throughout the whole frame.

The providence of nature is admirably manifested in the mul-



tiplied and extended bulk given to the vital organs, whose functions could not be disturbed without endangering life. The large and diversified fabric of the kidneys, lungs, liver and brain, are striking instances of this ample provision, by which, though a portion of their respective structures might be unfitted by disease for natural use, yet the general function may still for a time be tolerably well performed. Sudden deaths, and eventual destruction from accidental diseases, are happily obviated by the voluminous resources of nature on these occasions. Hence it often occurs that the kidneys, like the lungs, and more especially the liver, will suffer, not only in their excitable property, but also in their very structure, causing large portions of it to sink into irreparable disease, without either destroying life or giving early notice of the existence of such extent of malady.

The early stages of all visceral inflammations are marked by symptoms denoting the degree of the existing affection; but this morbid violence is not lasting, nor is it indicated by sensations that would infer its presence. The diseased or inflamed portions may go either into suppurative decomposition or tuberculated induration, that may alike destroy natural sensibility, inducing a deceitful calm in the process of disease. The kidneys are perhaps more particularly liable to this insidious course of morbid spoliation. Instances have often occurred of the renal organs having been mutilated almost to annihilation by the devastating ravages of inflammation, and that too, for the most part, secretly and unexpectedly.

Two cases of the description referred to have fallen under my observation, worthy of being recorded, both as interesting objects of disease, and as suggesting the sort of treatment that would probably have obviated such fatal results.

A middle-aged woman, distinguished by no peculiarity of temperament, had experienced for a long time (nearly two years, if my recollection be correct,) considerable inconvenience about the region of the kidneys. The pain was described to have been at first very severe, afterwards as being comparatively moderate, but never altogether ceasing. The urinary secretion continued to be almost natural; nor was the general health materially affected, after the pain had become much abated. In the course of the complaint, the patient was admitted into the Exeter Hospital; where, after remaining long enough to ascertain that no benefit could be obtained, she was dismissed as incurable. She was afterwards received into the Taunton Hospital. At that time the abdomen was unnaturally protuberant and hard, but did not, on examination, appear to contain any fluid. A sense of morbid fullness and distention was more particularly

referred to the region of the kidneys, stretching along the left side of the abdomen. The whole enlargement was either unyieldingly hard or remittent on pressure, but not acutely painful. An uneasy sensation was constantly experienced, in a greater or less degree. The general volume of the abdominal enlargement had the external character of ascital dropsy; but no fluctuation could, by the most attentive search be discovered. Various speculations were held respecting the nature of this protuberance; amongst others, were those of its being either an ovarial, splenic, pancreatic, mesenteric, or hepatic tumefaction. The morbid circumstances of this case continued to be nearly stationary until within a few days of the patient's death, which was preceded by loss of appetite, prostration of strength, and an accelerated action of the heart and arteries.

The day after the patient's decease the body was opened. The abdominal viscera, as they presented *in situ*, were apparently in a natural state; at least, not perceptibly enlarged. On proceeding to inspect the kidneys, much surprise was occasioned by the appearance of a membranous bag, filled with a fluid, occupying the situation of the left kidney, and greatly exceeding in dimensions the natural bulk of that organ. On dividing this bag, an aqueous fluid escaped, amounting probably to two or three pints, from its cavity. It appeared at first to be a membranous cyst of morbid formation; but, on laying it entirely open, and examining accurately its source and connexions, it proved to be the natural capsule of the kidney, and that its evidently contained kidney had been broken down and annihilated by disease; not a vestige of its substance remaining in the capsule that should have naturally enclosed it. Suppurative inflammation had most probably decomposed its whole body, and left its containing membrane or capsule as the reservoir of its wreck, and also of such exhalations as might have been supplied from its interior surface, and have accumulated in its cavity.

This case affords an instructive instance of the origin, progress, and termination, of a disease of the renal structure. It shows that inflammatory ailment, unsubdued, might train on to an untoward and irreparable course of disease. It further proves that the excitability of the kidneys will admit of being disturbed by morbid action, even to demolishing the very structure by which it is generated: and that the urinary secretion, being vested in duplicate organs, may be suspended and destroyed in one, whilst the necessary function will be tolerably well performed by the other. If absorption had wholly removed the decomposed and residual wreck of the substance of the kidney, it is probable that its containing capsule would have remained



dormant, and would not, by morbid extension, have occasioned the death of the patient. The dissolved kidney, pending its solution, must have been overwhelmed with the usual materials for its urinary function, which, instead of finding access to the corresponding ureter, remained in the entire capsule, and caused its increasing distention to the size it ultimately attained.

No remedy beyond alleviation, could be reasonably attempted in such morbid circumstances ; but, if the inflammatory excitement that originated the mischief had been duly repressed and overcome, the afflicting and destructive consequences that ensued might have been prevented. Inflammation, or immoderate excitement, is the hydra evil of health and life ; and, if it be not seasonably resisted and subdued, it may lay the foundation of the most severe, insidious, and irreparable ailments incident to human nature.

A case, possessing a general resemblance to the preceding, lately occurred in the person of a gentleman of about thirty years of age, of a sanguineous temperament, and who, until this fatal illness, had been almost uniformly healthy. His disease at first assumed the character of typhous fever, which had a protracted duration, and entailed a destructive affection of one of the kidneys. During the prevalence of the fever, considerable pain had been experienced in the region of the kidneys, and also in that of the liver. It is probable, indeed, that the fever itself was originated by an inflammatory affection of one or both of these different organs. Typhous fever is never more intractable or durable than when connected with visceral inflammation, if that disease should not have been seasonably and adequately combated by vascular depletion. Blood-letting on these occasions is the most effectual remedy that can be employed : in fact, it would seem to be so indispensably necessary, that destructive mischief on the inflamed viscus cannot be prevented without its assistance.

In the case under consideration, convalescence was said to have occurred, but final recovery did not ensue. The patient was sent from London to the country, for the benefit of air, under circumstances very likely to terminate in a restoration of health. Soon after being in the country, a puriform fluid was voided, first in the natural course of the urethral canal, and afterwards through a small abscess that had formed and effected a passage from the membranous part of the urethra to the perineum. Nearly the natural quantity of water was secreted and discharged, and the chief complaint of pain was referred to the general cavity of the abdomen, which became extremely tense, and much distended. The enlargement was such, indeed, as to

induce a suspicion of ascital accumulation of water ; the test of fluctuation, however, was very obscure, yet sufficient, under the severe distresses of the patient from abdominal fullness, and in conformity to his importunate desire, to warrant resorting to the measure of tapping. This was performed cautiously, to obviate the risk that might have attended a less guarded introduction of the trocar. No water immediately followed the withdrawing of the trocar, but by circumjacent pressure, and by inclining the body more particularly towards the canula, some fluid was made to flow, but not more than about a quart. The removal of this fluid afforded but little or no relief to the afflicting distention, which seemed to be hurtfully pressing against the stomach and diaphragm. The appetite had been rather keen than otherwise, but digestion proceeded heavily and imperfectly ; the bowels were torpid, and moved with difficulty. After suffering very acutely for about a week from the period of being tapped, the patient gradually sunk from progressive diminution of strength and final exhaustion.

The day after the decease, the cavity of the abdomen was inspected, the viscera of which did not present any striking morbid appearance. The stomach, intestines, liver, pancreas, and spleen, were for the most part free from disease, excepting an unnatural aspect of vascularity on the intestines and liver, denoting the inordinate irritation which had long existed in these parts. On extending the investigation to the kidneys, one of them appeared to be much enlarged, the other was of the natural size. An incision was made into that which seemed to be augmented, when it was found that its interior was excavated, and filled with a purulent fluid. Nearly the whole substance of the diseased kidney had undergone decomposition ; and, if life had been sufficiently protracted, it is probable that its capsule, as in the case before recited, would have solely remained as the envelope, or containing part, of the puriform residuum of the dissolved kidney. The matter that had been thus enclosed was but slightly fetid, and amounted to perhaps about a pint in quantity. Its apparent quality was that of being well conditioned. Portions of it had, no doubt, entered into the ureter of the diseased kidney, and obtained an exit both at the urethral extremity of the penis, and by the new route that had been traced through the membranous part of the urethra and the perineum. The vent which took place in this direction from the suppurated kidney, prevented the degree of accumulation that would, probably, at length, have burst into the cavity of the abdomen.

The anomaly in this case is, that the region of the kidneys was not referred to as a chief source of complaint : indeed, not suf-



ficiently to induce any suspicion of the renal organs being the seat of the prevailing disease. The urinary secretion, if not in natural quantity, was too considerable, and voided with a freedom that would not warrant an opinion that the kidneys were suffering under any organic affection. This almost healthy state of urinary secretion was performed by the sound kidney, evincing the importance of a duplicate provision for those vital functions that are more particularly liable to be disordered and impeded.

The suppurative, or rather ulcerative, process that demolished the substance of the kidney in this case, independently of the hurtful influence of purulent absorption, kept up an incessant state of morbid excitement throughout the system, under which vital power became so wasted and worn as to terminate in mortal exhaustion. It may be of practical importance to remark, that this patient had not been bled even in the early stage of the reputed typhous fever, that either commenced or terminated in the renal inflammation that proved destructive. Had the sanguiferous vessels been freely relieved of the congestive and distending plenitude which is apt, in typhoid disease, more particularly to oppress the visceral organs, an exemption might possibly have been afforded from the dreadful sequel that its omission probably occasioned. The insidiousness with which the parenchymatous structure of vital organs will assume inflammatory action, and its dangerous tendency in every instance in which it occurs, confers on the expediency of abstracting blood on these occasions a latitude of authority, that may be safely regarded as incontrovertibly just.

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### III.

#### *Observations on the Modifications and Treatment of Marasmus.* By a PHYSICIAN to a Public Dispensary.

(From the London Medical Repository.)

THOUGH the diseases of children appear to have occupied the attention of late medical writers more than formerly, and though they are generally, doubtless, better acquainted with them, yet too many instances of inefficient or injurious practice must occur, to every Physician to render fresh dissertations useless.—Neither altogether are these to be blamed if they contain nothing absolutely new nor unknown before; for amidst the great mass of medical works that issue from the press, a few only can meet the eye of each individual, and it may happen that those which evade his attention may have a powerful claim upon it, from their practical utility. With this impression on my mind,

it has not appeared entirely without its use to make some observations upon that disease of children which has been variously named marasmus, verminatio, febris infantum remittens, &c. Some doubt, perhaps, may exist, whether the latter disease be the same with the two former; but whoever will consider the histories of the infantile remittent of children can scarcely fail to perceive its coincidence with the disorder to which Dr. Hamilton and Dr. Ayre have given the name of marasmus.

The symptoms of marasmus differ in some way according to the age of the child. In young infants, it will often chiefly show itself by dulness and great unwillingness to be tossed about.—From being manageable and crying little, the patient is perpetually whining, and it is impossible to engage its attention for more than a few minutes. The face becomes pallid and leucophlegmatic, occasionally, however, lighted up with a hectic flush. The feet and hands burn, and even if the child sleeps, it is restless, tossing about in the bed and moaning frequently. The appetite varies, being sometimes even voracious, and at another loathing every kind of food. The bowels are irregular, and the dejections unnatural, sometimes greenish and what the nurses called griped; at another, when there is nothing improper in the colour of the *fæces* at first sight, minuter examination shows it to be covered with a semi-pellucid jelly-like matter, apparently being merely the effects of an increased secretion from the internal surface of the bowels; occasionally the *fæces* are very black, but this occurs more frequently after opening medicine than at any other time, and it may perhaps be in some measure attributed to the remedy. Whatever may be the appearance of the *fæces*, they are always exceedingly offensive. The bowels are not always much enlarged nor hard; and, indeed, frequently it would be impossible to perceive any difference in the feeling and appearance of the abdomen from its state in perfect health. As this disease often occurs during the time of dentition, it has not unfrequently been attributed to this cause, and it is undoubtedly not seldom aggravated by it; but, upon the whole, I am much more inclined to refer the severity of the symptoms which attend dentition to the previous bad state of the health than the reverse. The wasting of the muscular flesh is not so marked in very young children as in those of more advanced age, to whom the description of Dr. Hamilton more particularly applies.

In children of four or five years of age, besides the above symptoms, it is not unusual to observe a palsy of the lower extremities supervene, when the disease has continued a considerable time, while no derangement can be observed in the



course of the spine. In the earlier stages of the disease, however, older children have more distinctly the symptoms referrible to worms, such as cough, sometimes merely dry and hacking; at others, occurring in severe paroxysms, and attended with expectoration, itching of the nose, and of the fundament, dry and scaly, sometimes swelled lips, and protuberant and hard abdomen. If the disease takes place in children who are just beginning to walk, they are frequently taken off their legs, and even those who may have walked firmly for a month or two, will totter and require to be carried. It would appear that the earth of bone is often not sufficiently deposited, for it is during this state that I have seen the bones of the legs most frequently curved.

The general cause of this disorder has undoubtedly its place in the *primæ viæ*, through which, perhaps, the secretions of the liver may, as Dr. Ayre inculcates, become vitiated, together with the other glands which contribute to perfect digestion.

The treatment of this disease has varied very much; by Dr. Hamilton purgatives almost entirely have been employed and recommended. Dr. Ayre gives minute doses of calomel, and, as he states, with the greatest success. Those who have been brought up in Mr. Abernethy's school confine themselves to hydrargyrum c. creta and jalap and calomel, while the old nurses, to whom in this country most of such cases are confided, give rhubarb in different forms. It seems impossible that these plans could have been pursued or recommended if success had not attended them; and it appears to me chiefly necessary to point out the different states of the disorder to which the various remedies are applicable.

In the very early stages of this disorder, a brisk purgative, or a repetition of purgatives, every other day, will frequently remove it; but when we speak of the early stages of this or any other disorder, it must be referred rather to the order of symptoms than to time: for it will often happen, that the progress of the complaint will be very various in equal spaces of time in different patients. In one it will long be merely observable in a want of animation and general sluggishness, while the alvine evacuations are offensive and improperly formed. In another case, and no longer time, it shall be accompanied with cough, considerable emaciation, large protuberant and hard abdomen, and great debility. The enlarged abdomen, however, does not seem peculiar to the latter stages of marasmus, in which it is frequently wanting, until effusion or organic disease of the mesenteric glands has taken place. But in this case, the tumour is either soft and giving a sense of fluctuation to the touch, or

irregular and tuberculated—two states which cannot possibly be mistaken for that kind of tumour which arises from constipated bowels. When, from investigation, we find reason to believe that the enlarged abdomen is accompanying the early stages of the disease, and before there is any threatening either of hydrocephalus or organic disorder of the abdominal cavity itself, we may almost promise a speedy removal of the symptoms by the use of purgatives. In prescribing these remedies for children, it is essential to bear in mind that they will usually bear and require proportionably larger doses than older people, and that the first dose or two must be stronger than what will afterwards be necessary. From the nature of the discharges after purgatives, it seems probable that this arises from the bowels being lined by more mucus than natural, and thus preventing the action of the medicine upon their internal tunic.

*Case 1st.*—June, 1818. William Langford, ætatis six, the only surviving child of a large family, who by report had died of marasmus; affected with headach, slight hacking cough, dullness, frequent hectic flushes, and great restlessness; pallid countenance; had fallen away within the last fortnight; abdomen protuberant; bowels costive; pulse weak. Purgatives, with jalap and calomel, six grains of the former to two of the latter, repeated on alternate days for a fortnight, restored this patient to health; but it has been necessary to repeat them from time to time, as symptoms have recurred. I saw him about a year ago, when he was strong and healthy.

*Case 2d.*—October, 1822. Joseph Smith, ætatis eleven; symptoms of marasmus, combined with an eruption of porrigo on the face; tongue furred with elevated red papillæ; pulse feeble and quick; bowels protuberant, hard, and generally costive. The mother had in this instance given calomel and jalap occasionally, but without much relief. Purgings with jalap, gr. iv.—pulv. scam. gr. iv.—hydrarg. submur. gr. ii.—continued on alternate days for six weeks, restored the health of this patient, and removed the porriginous affection. The matter removed from the bowels in the early part of the disease was slimy, green, and extremely offensive; and for the first fortnight nothing like natural fæces passed.

*Case 3d.*—October, 1822. Bromfield Kerry, ætatis nine; general symptoms of marasmus; large abdomen; bowels alternately costive and relaxed; appearance strumous; had been poorly for six weeks. Purgatives removed much offensive matter, and he was dismissed cured in the course of a month.

In these cases the disease had been but of short duration; and there seems little doubt, but that the first case would quickly



have terminated fatally, as the former instances had done, if it had not been arrested in its early stages. The second case shows the combination of marasmus with porrigo ; and I may strictly say, that I have never known a single example of this eruption without affection of the general health ; and, indeed, the directions which Dr. Bateman has given for the treatment of the disorder seem to prove that he had a similar opinion.— Still, however, though not in the case before us, local applications are, for the most part, necessary, in addition to the general treatment.

There are, perhaps, very few instances of marasmus in which it is not advisable to commence the treatment with the exhibition of purgatives, though it may not always be safe to rely upon them solely for a cure. And here great caution is necessary not to be deceived by the report of the parents with regard to the bowels : it is no unusual thing to be told that the child is extremely relaxed, and that the bowels are moved seven or eight times in the course of twenty-four hours, when stricter inquiry shows, that though the child makes frequent attempts, little or nothing passes away. Here it can scarcely be necessary to observe, that purgatives must be absolutely required ; and, indeed, no other means can be advantageously employed till the bowels have been cleared out. Even, however, where diarrhoea really exists, much matter will still remain upon the bowels ; and though the more powerful purgatives, as calomel and scammony, might be injurious, it is quite essential to give something which may effectually dislodge the offending matter.— When this lies, as it generally does, in the lower part of the alimentary canal, glysters, with oil of turpentine, will be a powerful assistance, and will most completely destroy any ascarides which may be present, and which so usually accompany the disorder. As an aperient medicine, under such circumstances, nothing can be found more beneficial than castor-oil ; and disagreeable as this drug is to most adult persons, it is not often refused by young children. When diarrhoea attends marasmus, the dejections will for a long period consist of nothing but a dark-coloured slimy and offensive matter ; and if occasionally a more natural evacuation should appear, it is quickly superseded by these diseased secretions. After the exhibition of castor-oil, a great quantity of small black pellets, resembling sheep dung, are usually expelled, and it will require frequent repetition before they entirely disappear. Sometimes when this is effected the disease vanishes, but much more frequently considerable derangement of the animal functions continues ; the cough, bad appetite, furred tongue, and restlessness, remain, and demand

additional treatment. If, under these circumstances, purgatives be persisted in, the disorder is only increased, the debility and emaciation are augmented, and death speedily closes the scene.

When diarrhœa continues, the hydrargyrum c. creta, with two or three grains of rhubarb, twice a day, is a very useful medicine ; and I have found, the diarrhœa being previously stopped, the infusions of camomile and rhubarb, given in such proportion as to ensure a tonic effect, particularly serviceable, with one or two grains of calomel, at first every day, and afterwards only every other day.

*Case 4th.*—November, 1822. Mary Ann Parkes, ætatis ten, for three years had been observed at times to be poorly, varying very much, with general bad appetite and great restlessness at night ; she had lost much flesh, but more especially within the last few weeks ; countenance pale ; abdomen little if at all prominent ; tongue furred ; pulse weak ; bowels alternately costive and relaxed. Purgatives removed a great quantity of green slimy matter, but without any corresponding relief to her general state.

Two grains of calomel were directed every other night, and the infusions of camomile and rhubarb to be drank thrice in the day.

Under this treatment she quickly regained a good state of health, and was dismissed cured at the end of a month.

This case is an evident proof that much general weakness may remain after the original cause of the disorder has been removed, and that a tonic treatment will be necessary to ensure a complete restoration to health. With regard to the choice of medicines, I cannot, I trust, be misunderstood as to recommend those only which I have been accustomed to prescribe myself, but merely to indicate the principle upon which the curative plan is generally to be conducted. How far Dr. Ayre's mode of giving small doses of calomel alone may succeed, I am unable to say, as I have never found it necessary to recur to it.

There is still another modification of marasmus, which is attended by worms, and more particularly the lumbrici. When Dr. Bateman changed the term verminatio in his reports to that of marasmus, because the symptoms which indicated the presence of worms were not peculiar to them, he announced a fact of very great importance in a pathological point of view. But it is to be regretted that he did not go farther ; for there seems to me little question, not only that the symptoms are not peculiar to worms, but that these may be completely removed without the removal of the diseased state. The truth is, that worms are never generated in a healthy state of the body, and that they



ought themselves to be considered rather among a series of symptoms of a peculiar disorder, than as the essential and sole cause. And this view of the subject is highly important as it regards practice ; for if when no more worms are expelled we consider every thing done, or if we persist in treating for the worms because the symptoms which are supposed to indicate them have not disappeared, we shall probably equally fail in our purpose. Undoubtedly, as foreign and irritating bodies, it is most necessary to remove these parasites, but it is not less necessary afterwards to correct that state of the system in which they were originally generated. This opinion of the nature of the disease in which worms are found is not, I believe, original, though it seems but rarely adverted to, and I have seen somewhere (though I cannot now recover it) a paper in which mercury was persevered in with success, upon this principle.

*Case 5th.*—April, 8, 1822. William Haurey, ætatis five ; affected with symptoms of marasmus, cough, itching of the nose and anus, protuberant abdomen, &c. ; often passes large pieces of tape-worm.

A powder containing four grains of calomel and five of jalap, was given every second night, and a dram of the oil of turpentine every other morning.

He continued this plan till the 26th, having passed several yards of the worm at first, but none for the last week. The dejections were slimy, dark-coloured, and offensive, mixed with a considerable quantity of a substance resembling the white of egg. For the last two days, the fæces have been more natural in appearance.

The infusions of camomile and rhubarb were next employed in combination with the subcarbonate of potass.

He continued this for a fortnight or three weeks, and was dismissed cured. I have heard of him within the last three months, and he continued well. I ought to have observed, that he remained very poorly and weak after there seemed reason to believe that all the worms were expelled.

With respect to the morbid anatomy of marasmus, very little information is to be acquired, since it seldom proves fatal while in its simple form. The most usual organic derangement appears in the mesenteric glands, which are often enlarged and scirrhous, more or less, broken down, and in every way having the appearance of scrofulous tubercles. On one occasion, in which an opportunity was afforded of examining a patient of four years old, no disease whatever of the abdomen was discovered, except, perhaps, a very contracted state of the sigmoid flexure of the colon. The pericardium was firmly united to the heart

in every part, but there had been, I understood, no symptoms of disease of that organ during life. The symptoms which distinguish marasmus are not unfrequently also the precursors of hydrocephalus ; and if this disease ensues, of course the chief disease will be found in the head, though, as is well known, the abdominal viscera are also frequently found to have undergone some change.

In the above observations on marasmus, I have not had it in contemplation to give any thing like a complete essay upon the complaint, but merely to point out some of those circumstances which I have found useful in a considerable experience of it. I might easily have extended the paper by a greater enumeration of cases, but it appeared to me fully sufficient to give such instances as would illustrate the points I had in view : if what has been stated be correct, one case will be sufficient to exemplify it ; if incorrect, a hundred cases could not make it true.

## IV.

*Elements of the Theory and Practice of Physic.* By GEORGE GREGORY, M. D. Licentiate of the Royal College of Physicians in London, and Senior Physician to the St. George's and St. James's Dispensary. Vol. II. London, 1823.

(From the London Medical Repository.)

THE learned and sententious Zacharias Silvius, of Rotterdam, in his preface to a work of some repute on the art of preserving health, published in the sixteenth century, and entitled, "*Schola Salernitana*," has made no small waste of the precious oil of the lamp—not in praises of the art—but of that which it professes to preserve. But this is not all—the same Zacharias has there bestowed some notice upon the early Professors of this art, of which, peradventure, he conceived himself no unworthy member. Speaking of it, in the time of the Asclepiades, when those fields from which the moderns have gathered so many harvests were fallow land and waste, he utters a brief and sharp sarcasm against them in these words, "*Tum temporis medicorum penuria.*" Nor is this all—in the next sentence he proceeds to tell us, in Latin, assuredly none of the purest, that when the art was communicated, and men sought to stimulate their appetites rather than to gratify them, it was then that the luxuries and refinements of the table begat a strong necessity for leechcraft, and gave rise to the multitude of its professors—*hunc multiplicem medicorum numerum* of which he complains.

If Zacharias were now among us—*totus teres atque rotundus*—



if the grey quill were now between his fingers—if, moreover, he had to write a preface in our time, nay, we will suppose a preface to this very critique, what would he now say of the rising generation of the Philistines, as we have been called? Would he not quote Ovidius Naso—as he is previously addicted to quoting—and compare us, so quick in growth, so formidable, and so many in number, to the dragon's teeth, which were no sooner sown than they sprung up into armed men? But—for we will speak only of men's works—if he were to cast his eyes about him on the immense piles of medical writings that have accumulated of late years, and which must, like poor Zacharias, be soon gathered to the dust of their forefathers, what would he then say? Would the real motives which led to the existence of many of them be quite apparent to him? Would he not rather laud our ingenuity and industry, our patience and philanthropy, in collecting so large a mass of information for the as yet unlearned in this most marvellous art of healing? Would he not do some honour to our zeal, that the lives of our fellow beings should be carefully intrusted to skilful hands, and heads, though not grey, yet full of the wisdom of years? Would he not share—deeply share—in our anxiety to shake off the obloquy that Pliny cast upon us in the olden time, and whose truth he has with prepossessing frankness acknowledged? Assuredly he would; and we should take no small pride to ourselves in committing to his hands some works that might redeem us, at least, from a part of this reproach. It should go hard with us but we would lay before him works of our own country, in the various departments of medical science, that should awake him for ever from his intellectual slumbers—works of unpretending merit—works of deep erudition, of a pure philosophic spirit, but what is better than all, of high practical importance. In this our own day, what works could we deposit at his feet, and what names to consecrate them?—Jackson, Blane, Barclay, Cook, Prichard, Pring, Good, Abernethy, Cooper, Armstrong, Johnson, Baron, and others—many others; nor should we fear to fling down the work with which we are now concerned.—Then, in truth, we might forgive his enthusiasm; and when he read these names, he might indeed exclaim, without show of affectation, *Ανδρώποι ἀνδρώπων δαίμονια!*

It is indeed marvellous to consider what materials we have for the propagation of medical science and the salvation of the species—materials most, or at least very many of them, spread abroad in pamphlets, particular treatises and journals, like orient pearls at random strung, and needing only the labours of some “fine Roman hand” to gather and collect them together.

These scattered and solitary lights that burn dimly by themselves, and throw a diminished lustre over the detached and miscellaneous pages of medical literature, may be thus made to derive additional strength and brilliance from concentration, as the hues that are broken in the prism, combined together, make all the glory of the rising or the setting sun. The object, to which we advert, has been accordingly attempted by a few pathological writers, but in no wise with that success which we presage will, in the fulness of time, crown their ulterior efforts. We have works both compiled and eclectic, and these are precisely the works wherein we may be emboldened to seek that information *en masse* which is conveyed in so many minor and subordinate vehicles, and to which we may look as to a graduated scale for the progress of our advancement in medical science. But what works of reference have we of the kind alluded to? First, we have Cullen's Practice of Physic, Cullen Primus we should say; but strange rumours have gone abroad that his doctrines are false, and his principles unsound—this, however, all are not bound to believe;—then we have a large and a small book, daily resorted to like the oracles of yore, we mean Thomas's and Hooper's Practice of Physic, by some, with unbecoming irony, called Cullen Secundus and Cullen Junior, and by others declared to bear a strong family likeness to the elderborn, and above all to bear, with very few of the redeeming qualities of their ancestor, all his faults and imperfections on their heads—this, even, all are not bound to believe:—we have also Dr. Good's laborious and gigantic work, the “Magnum Opus,” of so many sleepless nights and toilsome days; but his volumes, we have heard it said, to speak it not profanely, would have been more acceptable to the moderns if there had been less of the ancients therein,—this, too, all are not bound to believe. Lastly, we may add, Dr. Gregory's Practice of Physic, and we pronounce it, upon the whole, an useful addition to this particular class of works. It is the simple and unambitious offering of a young Physician to the junior members of the Profession, to whom it is chiefly adapted.

Most medical men have a strong predilection for one particular work, which acquires a certain degree of sanctity and excellence with them by frequent reading, and to this the mind secretly and unconsciously reverts in the “soft unbended intervals of ease,” and when occasion calls. This predilection was strongly characteristic of the ancients, and we have a Latin proverb that has come down to us from them, with a number of others in less repute—“Cave ab homine unius libri.” It is in truth a very good proverb; for the perusal of one work of standard merit



and usefulness is worth the desultory reading of many, and alone it might make the student not only master of his subject, but, as the proverb imports, a formidable opponent too. Now, we should not hesitate to recommend our young readers to an intimate acquaintance with our author, for in him they will find instruction conveyed in obvious and easy terms, and delivered with earnestness, ingeniousness, and caution. It is not, we confess, a profound work or one of research, and perhaps, for this reason, we may promise it a longer reading; yet we take shame to ourselves that it should be so. It is needless to remind the reading part of the medical public that the largest pearls are to be found in the deepest waters; for, alas! the dust hangs thickest upon those writings which the learned few admire the most, as if in pure mockery of their lore and science. But we must show what our author is before we make further comment on his talents as an author; albeit, after what we have said, further comment would be idle. It may be already known what we think of him—*cela va sans dire*.

The first part of this elementary work has been some time before the public, and has passed muster in the reviews; we shall, therefore, confine ourselves to the second volume, of which we think more highly than of its predecessor in regard to style, composition, and subject matter. It is devoted to the consideration of chronic diseases, (the acute are discussed in the first part,) which are divided into five classes.

Class 1. Chronic diseases of the encephalon; 2. of the thorax; 3. of the chylopoetic viscera; 4. of the urinary and uterine systems; 5. chronic constitutional diseases. We shall select two chapters from these, and shall begin at the beginning, as we prefer the first chapter in this class to the others, containing particular accounts of diseases of the brain, having analysed most of them in the preceding Numbers. Dr. Gregory refers the symptoms that mark their character to disordered states of the functions of the nerves and brain; the chief of which are sensation, voluntary motion, and manifestation of mind; and designates these states as coma, convulsions, and mental aberration. 1. Coma, he tells us, consists in the loss of sensation, thought, and voluntary motion; in it the organs of involuntary motion preserve their functions; and as the pulse still continues to beat, and the lungs to breathe, it must not be confounded with syncope and asphyxia. We cannot, however, make the like distinction between coma and two states of the body perfectly compatible with health, namely, that of sleep and intoxication. In the former case we cannot rouse our patient from what may be almost called the "sleep of death" by shaking, noise, or

otherwise ; whereas, in the latter, our own organs, and some little information to be obtained from bystanders, will be sufficient to show that the invisible spirit of wine has been busy in the brain. We say nothing of the other signs that Pliny has enumerated, viz. the *pallor et genæ pendulæ, oculorum ulcera, tremulæ manus, furiales somni. inquietus nocturna*. Perfect coma is attended, as in apoplexy, with abolition of sense and voluntary motion ; but it is more or less partial in other disorders of the above functions, and is variously modified in the different states of preternatural drowsiness or lethargy, paralysis of particular muscles, indistinctness of vision, amaurosis. 2. Speaking of convulsions, he objects to the common definition that recognizes only the excitement of the voluntary muscles into action. It must be allowed, indeed, that sometimes the involuntary muscles are alike affected as the respiratory muscles, for instance, in asthma, or the muscular coat of the stomach or intestines in colic. Besides the two kinds of spasm, the tonic and clonic, which evidently depend on the states of the nervous system and of muscular irritability, he mentions a variety of partial convulsions symptomatic of diseased brain, as permanent contraction of the iris, irregular contractions of the muscles of the eye, vulgarly called squinting, and the convulsions of the pterygoid muscles constituting "grinding of the teeth."

3. Mental aberration is temporary or permanent, occurring either in the form of delirium or mania ; and general or partial, the whole state of the mind being deteriorated to the utter extinction of the powers of thought, as in idiocy, or one or more faculties being disordered while others are undisturbed, or more or less perfect. Sometimes the imagination is alienated, as in cases of mania, while the memory is uninjured ; and sometimes the memory fails, while the brain preserves the powers of perception entire, of which we have examples in injuries of the head and paralytic seizures. There are different degrees and kinds of mental aberration, depending, we may remark, upon the causes that give rise to it, on previous habits, and above all, on the peculiarities of temperament. Sometimes it is attended with a fierce, intractable, and turbulent spirit, breaking out into paroxysms of ungovernable rage, strong enmities, and high constitutional excitement. At other times it is accompanied with a deep and concentrated feeling of melancholy, and a settled, sullen gloom of spirits. To modifications of this state of mind the term hypochondriasis has been applied.

After having discussed the nature of nervous diseases, the author proceeds to inquire into those derangements of the circula-



ting system which involve their proximate cause: and we give his own words:—

“1. The first of these is chronic inflammation of the substance of the brain or its meninges. That this is the true proximate cause of many cases of chronic disease within the encephalon, is abundantly proved by the appearances found on dissection, which are depositions of coagulable lymph upon the surface of the brain, thickening of one or more of the membranes, and suppuration. These unquestionable marks of inflammatory action, are, however, but rarely met with in comparison with two others, frequently adduced as evidences of the same state of disease; I mean, increased vascularity within the cranium, and serous effusion between the membranes, or within the ventricles. These appearances are very common in different diseases, but in none are they so generally met with as in chronic affections of the nervous system. There are few instances indeed of any morbid change of structure in the brain existing without them. Pathologists have differed however in their estimate of the importance to be attached to them, especially that of serous effusion. The general opinion appears to be, that though it cannot be assumed as a proof of the existence of actual inflammation within the brain, it must yet be allowed to denote a degree of morbid excitement of the vessels of the brain, not far removed from inflammatory action.

“2. The second of the morbid conditions of the circulating system, connected with nervous disease, is simple congestion of blood in the blood vessels. This may arise either from an extraordinary flow of blood into the arteries of the brain, or from the difficulty experienced in the return of blood to the heart. The peculiar structure of the large venous trunks of the brain is calculated to lead, under certain circumstances, to stagnation, or, as it is now more commonly called, venous congestion in the head. That such a state of the circulating system in the encephalon does occasionally exist, there cannot, I presume, be a doubt; but it may be fairly questioned how far we are able to judge of its existence, with any degree of accuracy, by examination made after death. It is, at least, sufficiently ascertained that that fulness in the brain, so often found upon dissection, and supposed to denote congestion, depends in a great degree on the position in which the body had lain previous to examination.

“3. The third of those states of disease, to which our attention must be paid in this inquiry, is hemorrhage. The rupture of a blood-vessel within the brain acknowledges many of the laws which affect other hemorrhages; but the want of outlet for the

effused fluid, the peculiar delicacy of the structure of the brain, the importance of its functions, and above all, the remarkable effects of pressure upon its substance, give to the hæmorrhagia cerebri an interest far superior to what belongs to any other form of hæmorrhagic disease. The symptoms produced by effusion of blood within the brain, are, with few exceptions, those of apoplexy, and the nature and varieties of cerebral hemorrhage will accordingly constitute the most important feature in the pathology of that disease.

“4. The fourth morbid condition of the circulating system, observed in certain diseases of the nervous kind, is an *imperfect supply* of blood. The brain, like every other organ of the body, is dependent for the due exercise of its functions on the circulation. It can neither perform them properly when the supply of blood is either too great, nor when it is too defective. Syncope is the usual result of a want of due supply of blood to the brain; but convulsions occasionally arise from the same cause, as is well exemplified in the instance of puerperal hemorrhage. It is not often that we have to apply this principle in the pathology of nervous diseases, but in a general view of the subject, such as we are now taking, it would have been improper to omit it.

“5. In like manner it becomes necessary to notice a fifth state of the circulating system which is occasionally present in nervous diseases; I mean the supply of blood imperfectly oxygenated, and therefore unfit for supporting the functions of the nervous system. This principle, it is true, like the last, is very limited in its application; but it enters into the pathology of apoplexy, and is the foundation of many of our reasonings concerning asphyxia.”

There are, however, two distinct morbid conditions of the brain, not depending, as we have good reason to believe, upon any primary change in the vascular system. The one is concussion of the brain, and simple compression produced by a coagulum of blood, a soft tumour, bony excrescence, depressed portion of the cranium, or some extraneous body; the other is a specific affection of the brain and nervous system, altogether independent of the causes above mentioned, and curiously, but strongly illustrated in the phenomena of narcotic poisons, which act directly on the sentient extremities of the nerves, occasioning coma and convulsions, and depriving the nervous substance of its mobility, or of its power of receiving or communicating impressions. The former gives rise to symptoms of a comatose or apoplectic character, and has been known to be followed by high nervous excitement, mania, and convulsions. The latter, it is supposed, may account satisfactorily for the absence of



those evidences of morbid derangement we expect to find post mortem in cases of long standing disease of the brain.

The researches of morbid anatomy do indeed often perplex us in the extreme, and too often show the hollowness and vanity of our pretensions to perfection in pathological knowledge. When we look into the recesses of those organs which we have assumed to be the seat of derangements that belong to other systems, we cannot abstain from certain reflections, not so much upon the imperfection of the art, as the swelling and vainglorious spirit of those that profess themselves to be perfect in it. The fallacy of judgment which we now deplore, and which is unavowedly too often chargeable upon us, has more frequently alliance with chronic than acute diseases. In them we often find the *fons et origo mali* where we least expected, after having tracked it through its various involutions, combinations, and movements from one organ to another, and referred it to some part or system of parts, discovered in the issue, as the French Physicians say *intact*. Dr. Pring, in his excellent chapter on Determinations of Blood—which we have perused and reperused with increasing satisfaction—has observed, that the proofs of a determination of blood (and on this cause most of the diseases of the encephalon depend) to parts during life, which are obtained by their inspection after death, are sometimes wanting, must be admitted by all who are familiar with such examination. Amongst other cases in which this fact is exemplified, he has related one of a boy who laboured under tetanus, in consequence of a wound, involving the pes anserinus of the face. No morbid appearances were observable either in the nerve or in the brain, whose vessels, Dr. P. remarks, were not more turgid than they may be found in subjects who die of old age, or diseases the most distantly connected with the brain. We were present a few weeks ago at the inspection of the body of a boy who died also of tetanus, produced by a simple contusion; but no signs of lesion were to be perceived in any of the viscera, though one or two gentlemen present thought that the membranes, surrounding the medulla spinalis, were more vascular in some parts than they should be. We may infer, therefore, with this eminent pathologist, that determination of blood is not an universal accompaniment of disease; and if this conclusion be established in certain cases, it will also appear that he who, upon a mistaken principle, makes large and frequent abstractions of blood in all instances of disordered brain, will not only often fail of giving relief to his patient, but will aggravate the disease. The student of medicine may here, in Dr. Gregory's own words, receive an important lesson. He may learn from this that the

causes of death are often as obscure as the sources of life and health; and that morbid anatomy, with all its acknowledged advantages, may, if pursued too exclusively, injure rather than forward the conclusions of the pathologist. After having noticed the paradoxical analogies that occur between the chronic diseases of the encephalon, and which are stated with admirable precision and perspicuity in Dr. Prichard's work, in that part entitled "*Intimate Connexion of Nervous Diseases*," he insists upon the efficacy of the depleting and lowering system—adapted necessarily to the particular circumstances of each patient, and the peculiarities of each disease. "This is the great principle kept in view," he well remarks, "whether we employ bleeding, purging, leeches, cupping, local cold, blisters, issues and setons, or content ourselves with remedial means of a less formal, though not less useful character, such as a cooling spare diet, regular exercise, or a course of aperient mineral waters. By these means, early, steadily, and judiciously applied, we may often do a great deal towards the relief or permanent cure of the chronic diseases of the brain; while without them, and depending upon stimulants and antispasmodics, our expectations will be but too often baffled."

Dr. Gregory, in this class, has omitted—and we are sorry to find him guilty, throughout the work, of too many omissions, both pathological and therapeutical—to mention nervous disorders of the head, and certain severe affections of the head which are found sometimes to substitute disease of the skin or scalp, and which are noticed by Dr. Pring in his profound work on Pathology. The most common symptoms of nervous disorder of the head, he tells us, are pain, throbbing, sense of tightness across the forehead, rather white but moist tongue, and the pulse, during an exacerbation, between ninety and a hundred, at other times, perhaps, between seventy or eighty. We have often been inclined ourselves to refer the pain, with Dr. P., to the scalp, for the reasons he has assigned, namely, the tenderness of the part, and the relief obtained from pressure by a handkerchief, whereby the blood is intercepted from flowing to the scalp. There not unfrequently exists a tendency to cutaneous diseases in alliance with these disorders, particularly to boils; and Dr. P. thinks the form of cutaneous disease is most frequently that of erysipelas. The best mode of treatment seems to be occasional local bleedings and purgatives, alternating with a slight mercurial course of blue pill, and a regimen by degrees increased to repletion.

We have alluded to severe cephalic affections, substituting a diseased state of skin or of the scalp. In two cases of this kind,



Dr. Pring tried every sort of treatment in vain : bleedings from the arm, from the temporal artery, by cupping, by leeches ; blisters on the back of the neck, between the shoulders, on the scalp behind the ears ; cold lotions ; hot fomentations ; setons ; pustular eruptions produced on the scalp by emetic tartar ointments ; the extraction of suspected teeth ; nauseating and emetic medicines ; a long course of purgatives ; tonic remedies, as steel, bark, arsenic, ammonia, asafoetida, opium, &c. ; vegetable diet, and starvation ; animal diet, with ale and porter. In one case, the disease terminated by metastasis to the liver ; the other has continued with but trifling mitigation more than ten years.

We shall next select a chapter from the next class ; and perhaps one of the best is that upon chronic affections of the heart, though he has given but an imperfect account of the diseases affecting its cavities, valves, and great vessels, considering the abundant resources that have been furnished by pathologists on these important subjects. *We* do not conceive an inquiry into the several kinds of structural disease of the heart and vessels to be one merely of curiosity, or, in the author's words, one of curiosity more than of practical interest. A work of this sort is in some measure bound to present us with as full and comprehensive history of disease as its limits allow ; but assuredly its limits, in the space afforded by two volumes of more than ordinary calibre, are not so narrow as to justify undue curtailment of its fair proportions.

1. "The simplest, and one of its most frequent structural derangements," he states, "is dilatation, either general or partial, of its cavities. It sometimes takes place without any increase of substance in the heart ; at other times, the heart is enlarged by an addition of solid substance, cellular and muscular ; its cavities remaining very little, if at all more capacious than usual." In the latter case, the auricles are rarely affected, but one or both ventricles may be diseased. Simple dilatation of its cavities is attended with a sense of oppression about the chest, a full, slow, soft, or sometimes even an *imperceptible* pulse. Three distinct varieties of this form of disease are recognised in Laennec's excellent work—a work which Dr. Gregory has entirely, and most unaccountably neglected to mention—namely, active aneurism of the heart, without dilatation of its cavities (hypertrophia simplex) ; 2d, dilatation of the ventricles of the heart, by Corvisart called passive aneurism ; and, 3, dilatation of the ventricles, with thickening of their parietes (by him also called active aneurism.) We refer our readers to Laennec's work for the symptoms, and to our review of that work.

2. In cases of active aneurism, or where the heart has undergone a thickening and augmentation of its muscular structure, we are informed that the symptoms resemble those attending chronic inflammation of the pericardium. There is a constant sense of struggling in the thorax, with inexpressible anxiety referred to the heart. The pulse is quick, hard, and jarring; and when the hand is applied to the chest, the motion communicated to it resembles a thrilling. When there is dilatation of the right ventricle, together with increase of substance, there is increase of dyspnœa, hæmoptysis, a purplish hue of countenance, and coldness and discoloration of the extremities. Laennec tells us, in this case, the stethoscope, of which Dr. G. makes no mention, on being applied to the chest, conveys a clear and distinct sound. In active aneurism, we generally find a diseased state of the valves, which offers a mechanical impediment to the circulation of the blood, and necessarily produces an increased, nay violent action in the heart.

3. The author takes a short and cursory view of diseases of the valves, and remarks :—

“ Much importance has always been attached by pathologists to the changes of structure which the valves of the heart and large arteries so frequently undergo, and to the symptoms thereby occasioned. That in many cases diseased valves are the direct cause of various marks of obstructed circulation there can be no doubt; but, it is not to be forgotten that they are often found where no symptoms had led to the suspicion of them. It is, I believe, quite impossible to ascertain, with any degree of precision, during life, the existence of diseased valves, as separate from every other variety of disorganization of the heart. Still more hopeless is any attempt to determine what valve or set of valves are affected. The general symptoms of obstructed circulation by which we are led to form a plausible conjecture as to the existence of ossified valves are, according to Dr. Baillie, frequent palpitations, a difficulty of breathing, a weak and often irregular pulse, and in some cases a disposition to fainting. To these symptoms, other authors have added, and I believe justly, hemorrhage from the lungs and dropsy.”

The deposition of calcareous matter in the very citadel of life is perhaps one of the most extraordinary specimens of disease that affect the human frame, and warn us, as it were, of the slow and progressive resolution of its materials into those of “dust whereto ’tis kin.” We do not, however, consider it as entirely the concomitant of a prolonged state of existence, nor even its effect, as it has been known occasionally to occur in young subjects, and rarely in brutes, (as Hodgson has remarked, in his



work on "Diseases of the Arteries and Veins,") many of whom, as the elephant, eagle, &c. live to a very advanced period. In the coats of the arteries it is frequently productive, as he has accurately described it, of the most serious effects, either by destroying the continuity of that portion of the vessel in which the deposition takes place, or by impeding the current of blood that is destined to pass through the artery for the supply of other parts. It is therefore the frequent cause of aneurisms and passive hemorrhagies. Indeed, in many cases of apoplexy in persons of advanced age, we find ossification and other disorganized states of the vessels of the brain.

Ossification of the aortal valves is often found to be the cause of those diseases of the heart of which mention has been made—in consequence of the violent action to which this organ is subjected by its frequent attempts to rid itself of the volume of fluid that stimulates its cavities, and which can only flow through its constricted orifice. We have so good an account of the symptoms produced by a morbid condition of aortal valves in this same treatise, that we shall hazard no apology for making a few hasty extracts from it. They consist in the violent action of the heart, and the feeble and contracted state of the pulse. The former arises from increase of substance in the muscular structure of the ventricle, and, consequently, increased force in its contraction. The latter is produced by the diminished quantity of blood that is thrown at one contraction into the arteries. But it is necessary to combine the knowledge of symptoms of some other diseases, superadded to those already mentioned, before we can attain to a diagnosis sufficiently satisfactory.—Contraction of the left auriculo-ventricular opening he has, in several instances, observed to be attended with a double pulse at the heart; whereas, in simple obstruction of the orifice of the aorta, this symptom is altogether absent. He accounts for the double pulse in the following way:—There is one pulse produced by the action of the auricle, which is increased in thickness, and consequently in force; by this the blood is propelled towards the ventricle, but the opening being smaller than it is in a healthy state, it is not poured at once into that cavity. The auricular pulse resembles an irregular thrill or *bruissement*, as Corvisart terms it, rather than distinct pulsation. There is also another pulse produced by the action of the ventricle, which, though incompletely filled, forces the blood into the aorta.—"The sensations which are produced by the deposition of calcareous matter in the valves of the aorta, attend most other organic diseases of the heart and great blood-vessels. The patient complains of palpitation and irregularity in the action of the

heart, producing occasional syncope. There is an intense pain at the scrobiculus cordis and underneath the sternum, generally extending down the arms, and terminating in a sensation of numbness. The great cavities and the extremities become dropsical, the respiration is laborious, and there is often a violent pulsation in the epigastrium."

The treatment of such disease can only be mitigative. We must endeavour to diminish the constant irritation under which the heart labours, by lessening the quantity of blood, and preventing it from being increased. This indication is best fulfilled by moderate but repeated depletion and abstinence, to which must be added, the removal of such causes, either physical or moral, as affect the heart.

4. Aneurism of the thoracic aorta, Dr. Gregory proceeds to inform us, is a frequent and most distressing state of disease. It is generally attended with more or less of pain in the aneurismal tumour shooting to the arm of the same side, and in proportion to the advances of the disease, the breathing becomes disturbed. If this be intended for a pathological draught of the disease, it is indeed but imperfectly executed, and we fear few of our students would be enabled thereby to trace out the original. In our friend Dr. Reeder's Practical Treatise, we have a long and elaborate delineation of symptoms, occupying four ample pages. There truly we have a picture—large as life—of the disease; and, indeed, to speak of it, not as a picture, but as, what it is, a work, we must say that he does not like Pistol's maxim *pocos palabras*, but has eked out his solid pages to French wire. Dr. G. proposes, by way of treating this affection, repeated leeches to the chest, and the application of cold to the tumour, when it makes its appearance externally. He speaks favourably of digitalis, and recommends a strict attention to diet and regimen.

5. He concludes this chapter with an account of congenital malformation of the heart and large blood vessels, which are of various kinds, and which have been ably described by Dr. Farre :—

"They all agree in one result—the intermixture of venous arterial blood throughout the body. It is certainly a curious fact that life should be compatible with such a state of the circulating system; yet it is so; and persons have been known to live for many years with it, and even ultimately to die of a disease unconnected with such a deviation from ordinary structure. The great source of mischief and danger, as Dr. Farre has pointed out, is not the mere mingling of black and red blood, but the difficulty with which the circulation is generally carried



on by a malformed heart. This is connected, in many cases, with the comparatively small size of the pulmonary artery, the consequence of which is, that the *full* proportion of blood is not circulated through the lungs. The principal symptom of malformed heart is a permanent blue colour of the skin, from which circumstance the term *blue disease* has commonly been applied to these cases. The other symptoms to which it gives rise are, general weakness of the whole frame, permanent or spasmodic dyspnœa, palpitation, an irregular, weak, or intermittent pulse, and in some cases coldness of the skin and emaciation. Persons who have malformed hearts are liable to hemorrhagies, dropsical effusions, attacks of syncope or epilepsy, and occasionally to the unequivocal symptoms of oppressed brain."

We cannot afford room for further extracts, and we have already, we trust, given enough of this work to show what it is. We shall, therefore, be permitted to draw our review of it to a close, and say a few words to the author at parting.

We regard his performance more as an earnest and pledge of something better, than as possessing that degree of excellence which we should be satisfied with; and, therefore, we would animate and exhort him to the prosecution and completion of his task. He will find, and no doubt he has found that the wide field on which he toils abounds in produce, and may be made to answer the expectations of those who labour at its cultivation and improvement. It is, in truth, a rich and practicable soil—the land has been well ploughed—the seed already sown, and its growth rapid and luxuriant. We have only to reap the harvest—to collect the grain, and deposit it in that vast granary where so many stores are already garnered—whence we may select at leisure, and appropriate them in time of need to the purposes of life and health. We have said that we consider this work only as a pledge. We would, therefore, remind our author that he has acquired some degree of reputation by beginning as he has; but he has still much more to do before he reaches that perfection which all medical authors should aspire to. We would also remind him, and it is encouraging so to speak, that the reputation of the Physician is not only productive of an honourable employment, but of the dignity and high consideration which confirms its stability. "The feather," Junius has emphatically remarked, in one of the finest metaphors of our language, "the feather that adorns the royal bird, supports its flight. Strip him of its plumage, and you fix him to the earth." And what is reputation to us but the plumage to the bird? We rise and fall with it. With it we are enabled to aspire to that "pride of place" which the royal bird,

it is said, can only reach—to the highest honours of our Profession : and without it, we sink grovelling to the earth, and are scarcely numbered among living men. We would, lastly, remind our author, that his responsibility is marked upon the scale of his advancement ; and that although, according to the French proverb, the chief difficulty lies in the first step, it is still difficult to retain one's footing on a place even of moderate elevation.

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## MONTHLY SUMMARY

### OF PRACTICAL MEDICINE.

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#### I. ANATOMY AND PHYSIOLOGY.

##### M. FLOURENS *on the Nervous Functions.*

The object of M. Flourens was to ascertain by experiment—  
 1. From what points of the nervous system, artificial irritation may set off to arrive at the muscle ; 2d, to what points of this system an impression must be propagated to produce sensation ; 3d, from what points voluntary irritation descends, and what parts of the system must be influenced to produce it regularly.

He first examined how far up it was possible to go, still producing efficient irritation on the muscular system, and he found a point where these irritations remained ineffectual ; then taking the brain at the opposite part, he irritated it at points deeper and deeper, as long as he did not act upon the muscles ; and, when he did begin to act upon them, he found himself at the same point where the action had ceased in ascending. This part is also that where the sensation of irritation applied to the nervous system likewise ceases : above this, punctures and wounds do not excite pain. Thus M. Flourens pricked the hemispheres without producing contraction of the muscles, nor the appearance of pain in the animal ; he removed them in successive slices ; he did the same with regard to the cerebellum ; he removed at once the hemispheres and cerebellum. The animal remained passive. The corpora striata and the optic thalami were attacked, and removed without any other effect : the iris was not contracted, nor even paralysed. But, when he pricked the tubercula quadrigemina, trembling and convulsions began, and thus increased in proportion as he penetrated into



the medulla oblongata. Pricking the tubercles, as well as the optic nerve, produced quick and continued contraction of the iris. These experiments agree with those of Lorry, published in the third volume of the "*Memoires des Savans etrangers*." "Neither the irritation of the brain nor of the corpus callosum itself produce convulsions: it may even be removed with impunity. The only part among those contained in the brain which has appeared uniformly and universally capable of exciting convulsions, is the medulla oblongata; it is this part which produces them to the exclusion of every other." They contradict the experiments of Haller and Zinn with regard to the cerebellum; but, from what M. Flourens has seen and pointed out, it appears that these physiologists had touched the medulla without being aware of it. The author concludes that the medulla oblongata and the tubercles are (in his language) irritable; which in ours means that they are conductors of irritation, like the spinal marrow and nerves, but that neither the cerebrum nor cerebellum possess this property. The author hence concludes, likewise, that these tubercles form the continuation and superior termination of the spinal cord and medulla oblongata; and this opinion is in conformity with their situation and anatomical connexions.

Wounds of the brain and cerebellum do not excite pain any more than convulsions, and, in ordinary language, we would say that both are insensible; but M. Flourens, on the contrary, says that these are the sensible parts of the nervous system; which means simply that it is to them the impression received by sensible organs must be conveyed, in order that the animal may experience a sensation. M. Flourens appears to have established this proposition in a satisfactory manner, with regard to the senses of sight and hearing. When the cerebral lobe of one side is removed, the animal does not see with the eye of the opposite side, although the iris of this eye retains its mobility; when both lobes are removed, he becomes both blind and deaf. But it does not appear that he has shown it equally well in respect to the other senses. \* \* \*

Instead, therefore, of saying, with the author, that the cerebral lobes are the only organs of sensation, we would restrict ourselves to ascertained facts, and content ourselves with saying that these lobes are the sole receptacle where the senses of sight and hearing can be perfected, and become perceptible to the animal. If we wished to add to this, we would say that they are likewise those where all the sensations take a distinct form, and leave durable traces on the memory,—that they serve, in a word, as the seat of memory; a property, by means of which

they furnish the animal with materials for judgment. This conclusion, thus reduced to proper terms, becomes the more probable, in that, besides the verisimilitude which it receives from the structure of these lobes and their connexion with the rest of the system, comparative anatomy offers another confirmation in the constant relation of the volume of these lobes with the degree of intelligence of the animal. \* \*

The part of the author's investigations which possess most characters of interest and novelty, relates to the functions of the cerebellum. During the ablation of the first layers, there appeared only a slight weakness and want of harmony among the movements. At the middle layers, a disturbance nearly general was manifested. The animal, in continuing to see and hear, only executed quick and irregular movements : the faculty of flying, walking, and keeping itself standing, were lost by degrees. When the brain was cut off, this faculty of performing regulated motions had entirely disappeared. Placed upon the back, he did not rise ; but continued to see the blow which menaced him ; he heard sounds, and endeavoured to shun the danger which was threatened : in a word, feeling and volition were retained, but the power over the muscles was lost ; scarcely could he support himself with the assistance of the wings and tail. In depriving the animal of the brain, it was thrown into a state resembling sleep : in removing the cerebellum, it was brought to a state resembling intoxication.—*Cuvier's Report. Med. and Phys. Journal.*

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Professor DOLLINGER's *Experiments on the Pulse.*

Our readers may compare the following remarks with the theory of the late Dr. Parry, which has excited so much notice. M. Dollinger, on visiting some water-works, observed, that on grasping the lead pipes into which water was forced upwards by pumps, he could plainly perceive an impulse at each successive wave, very much resembling what is felt in the arteries. As this could not arise, as he ascertained, from the trembling of the pipes, which were well secured, nor from the vibrations of his hand, he was anxious to find whether the same effect would be perceived in an artery when laid bare. In the presence of his pupils, accordingly, he laid bare the carotid of a dog, and though no motion could be seen by the eye, the pulse was distinctly felt. He hence concluded that the arteries suffer no alternate contraction or dilatation. The pulse is therefore, he thinks, produced by the wave of blood, the impulse being communicated without the artery suffering any dilatation, in the same way



as the last of a series of elastic balls is moved by an impulse communicated to the first, while the intervening ones are unmoved. —(*Magazin Heilkunde*.)

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## II. SURGERY AND MIDWIFERY.

### SIR ASTLEY COOPER'S APPENDIX.

The standard work on dislocations, which we recently reviewed, has gone rapidly through two editions, and a third is in the press ; but Sir Astley has not followed the common book selling and book making mode of adding and subtracting materials, so as to render the purchase of each edition necessary to complete his work. The Appendix before us is not only printed separately, but is given gratis to the purchasers of the first edition. This is liberal, noble, and as it should be ; we could name several medical works to whose authors we recommend this example, but we shall say nothing till they come before us *seriatim*.

The first case is DISLOCATION OF THE FORAMEN OVALE, which is detailed by Mr. Key of Guy's. The patient, a man aged 41, was overwhelmed by a mass of gravel, and when the gravel was removed, he was found sitting, and unable to approximate his legs. The projection of the trochanter was entirely lost, and a deep hollow in its place, while a projection, like the head of the bone, appeared at the inner part of the thigh, near the pubes. The nates were in their usual form. The dislocation was reduced by the pullies and bandage recommended by Sir Astley in the body of the work (*See Quarterly Journal*, No. 17. p. 110.), with this difference, that in carrying the injured limb across the sound limb, it was passed *behind* and not before ; because, from the thigh being large and fleshy, they were afraid that the head of the femur would get under the acetabulum, and slip into the ischiatic notch. The reduction was easy, and the man could stand without support in a week.

The second case, by Mr. Tyrrel, of St. Thomas's, was a DISLOCATION OF THE PUBIS. The man was aged 55, and was struck, while making water, on the back part of the hip, by a cart wheel. The head of the bone, three hours after, was felt below Poupart's ligament ; the foot and knee turned outwards, but little altered in length. The reduction was speedily accomplished ; it was not found necessary to bleed him ; and he walked in five or six days.

The third case, by Mr. Maurice, of Marlborough, was a DIS-

LOCATION OF THE DORSUM OF THE ILIUM. A man, aged 35, fell down a flight of steps while carrying a sack of wheat, which fell above him. The leg was found shortened, and the foot turned inwards, the head of the bone was found lodged among the glutei muscles. Thirty ounces of blood was taken from the arm, and the reduction was accomplished in the way directed by Sir Astley.

We next come to some interesting remarks on FRACTURE OF THE NECK OF THE THIGH BONE, which our author maintains do not unite by an ossific process (*See Quarterly Journal*, No. 17, p. 115.), and now brings forward proofs of his position from anatomical museums. In St. Thomas's collection, there are seven specimens; in the College of Surgeons, one; in St. Bartholomew's, six; at Dublin, 12; in Mr. Langstaffe's, one; in Messrs. Bell and Shaw's six; in Mr. Brooke's two; in Dr. Monroe's two; in Mr. Mayo's, one; in all forty-three, excluding the numerous cases which he has seen in the living subject. The strongest proof of the difference of a fracture within, and one external to the ligament, is given in a preparation of Mr. Langstaffe's in which a fracture has happened within the ligament, and another external to it; and whilst the latter is seen firmly united, the former has undergone no ossific change. Mr. Stanley shewed the author a bone, which conveyed the idea that the neck of the femur had been broken and united; though it is singular enough that the neck of the other thigh bone, in the same subject, exhibited appearances nearly similar, but external to the ligament. Dr. J. Johnson very shrewdly asks if this may not be merely the common change arising from the absorption of the phosphate of lime in the neck of the thigh bone in old persons? We think this more probable than the fracture of both bones and their subsequent union, so contrary to all that is hitherto known. Sir Astley has a specimen of a fracture of the neck of the bone, and of the trochanter major, in which the periosteum and affected ligament are not torn, and in which, if the patient had lived, he thinks there is no reason why a union should not have taken place.

When the neck of the thigh bone of some persons is cut through, a line of solid bone will be seen proceeding from its shaft upwards, through the neck of the bone, having the character of a fracture united. If the edge of the acetabulum be diseased, a projecting circle of bone will often be seen surrounding the neck of the thigh bone, looking like a united fracture. Hence the effects of age and disease may be mistaken for fractures of the bone. Mr. Colles, whose paper on this subject, in the *Dublin Hospital Reports*, is excellent—informs Sir Astley,



that in the School Museum of Dublin there are two instances of fracture external to the ligament; where the fracture has been within the ligament, Mr. Colles has never seen a bony union; but he has seen many instances of diseased bone which might have been taken for it, upon which subject he promises to write a paper. This will probably elucidate Mr. Stanley's double case.

The next case, by Mr. Toogood, of Bridgewater, is a DISLOCATION OF THE KNEE JOINT, which is rather a rare accident. The patient was a strong athletic man, aged 30, who fell from a coal waggon, got entangled with the shaft, and was dragged to some distance. Two hours after, the knee was found much swelled, and the tibia, fibula, and patella driven up in front of the thigh. The os femoris was forced into the upper part of the calf, the internal condyle being nearly through the skin. The dislocation indeed was complete; but to the agreeable surprise of the surgeon, it was easily reduced by the usual means. The man now walks by his waggon with very little lameness.

A man, aged 36, fell from a chaise, and supposes he pitched on his shoulder. Nothing seems to have been done, and now, at the distance of two months, the hand is found benumbed, with great pain in the fore-arm, at the insertion of the biceps. The acromion projects with a hollow beneath it, and the head of the humerus rests against and under the coracoid process, which is with difficulty felt above. In such partial dislocations of the os humeri forwards, the pectoralis major is to be opposed by a clavicle bandage, with a broad strap over the head of the os humeri, while the elbow is brought forward to keep back the head of the os humeri.

In a case of dislocation of the same bone backwards, the head of it was found upon the dorsum of the scapula, presenting a considerable prominence behind the glenoid cavity, immediately under the spine of the bone. Reduction was easily effected.—This case is given by Mr. Perry, and dated from St. Bartholomew's. "Our large hospitals," says Sir Astley, "should be made as conducive as possible to the public advantage, by a liberal and reciprocal communication;" and we add, that we are sorry rivalry and jealousy but too often prevent this. It is quite pitiful to see the extent to which this bad spirit often carries those who are under its influence; and it is no where more notorious than in some of the rival medical schools in the metropolis, to the great injury of science, and the infusing of baneful principles into the minds of the student. We know of no remedy for this but severe exposure, though it is a task so ungracious that we must decline being more particular; and even if we

were, we question whether the faulty could be brought to acknowledge or repent.

A case, by Mr. Freeman, of Spring Gardens, of lateral dislocation of the radius, is worthy of notice from its occurring but rarely. The patient, aged 25, when twelve years of age, had his bent arm struck against a tree, by a poney running away with him. The olecranon was broken, and the radius dislocated upwards and outwards, above the external condyle; when the arm is bent, the head of the radius passes the os humeri. He has still a useful motion of the arm, though neither flexion nor extension are complete.

A case of dislocation of the radius forwards, by Mr. Tyrrell, was that of a sailor, about 30 years of age, who came to St. Thomas's Hospital as an out-patient, with a dislocation of the radius forwards, which had happened between six and seven months. The head of the radius could be distinctly felt upon the fore part of the humerus, especially when the arm was bent as much as the nature of the accident would allow, and when the arm was bent as much as it could be towards the fore-arm.—The position of the limb was half supine; and when the humerus was fixed, the hand could neither be rendered perfectly supine or prone. On the attempt to flex the fore-arm, a sudden check to its motion was produced by the head of the radius striking against the humerus. From constant use of the arm after the accident, considerable motion had been re-acquired, for he could, although with great difficulty, touch the lips with his hand, yet the man was anxious for an attempt being made to reduce it, which he was persuaded against, and he went to Guy's Hospital, where the same advice was given to him.—*Jour. For. Med.*

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*M. DELPELCH on the Surgical Treatment of Club Feet.*

From amongst the various important dissertations which it contains, we shall only direct the attention of our readers to one particular point connected with this Surgeon's observations on the treatment of club feet. Without attempting to describe the various and well contrived apparatuses which he recommends for remedying this description of congenital deformity, we may briefly notice the operation which he has adopted when the distortion arises from a shortened conformation, or permanent contraction of particular muscles or tendons. In these cases M. Delpech has endeavoured to apply to practice the process which takes place when tendinous structures are divided, and the divided extremities kept in a state of juxta-position. Taking



advantage of the circumstance of an intermediate gelatinous substance being produced from the divided ends of a tendon, which, while it forms the means of reunion, tends to fill up the interval between both the extremities when this is not considerable; and believing that this intermediate substance, at an advanced state of reunion, possesses a considerable degree of tenacity and ductility, M. Delpach has proposed to divide the tendon of a contracted muscle, when the deformity can be assigned to that cause, or when the tendon itself is shortened. Having proposed the division of the tendon, he has next advised the divided ends to be kept in a state of approximation until the connecting medium, which thus forms, has obtained a considerable degree of solidity, when it will bear a gentle degree of extension. For this purpose he employs an apparatus so contrived that the extension may be permanent, and may be increased according to the judgment of the Practitioner, until it has reached the full extent to which it may be proper to carry it, without risk of rupturing the medium of union. M. Delpach has recorded a very interesting case illustrating this particular treatment. A boy, aged nine years, had a congenital deformity of his right foot, arising from a permanent contraction or shortening of the gastrocnemii muscles and tendon Achilles. The ankle-joint was perfect, but the foot was so firmly extended and so completely on the same axis with the leg, in consequence of the congenital contraction, that motion at the ankle-joint was impossible in this state. The points of the toes only could touch the ground. Having ascertained the state of the parts, and having adapted an apparatus to the foot and front of the leg and knee, which was well calculated to keep the divided ends of the tendon Achilles in a state of approximation, and also to make extension, as soon as the connecting medium could bear it, by means of bringing and fixing the foot in the direction of a right angle with the leg, M. Delpach divided the tendon Achilles, and made the extremities approximate until the medium of union was fully developed. On the twenty-eighth day after the section of the tendon, M. D. commenced to make a gentle extension of the connecting substance by bringing the foot towards a right angle with the leg. Before entering on this process, he had ascertained that the intermediate substance had attained a degree of solidity which could warrant extension; that the wound of the integuments, through which the division of the tendon was made, had nearly cicatrized; and that the tendon had acquired a very few lines in length, owing to the formation of the substance connecting its divided extremities. From this period M. D. continued to increase daily the extension of the ten-

don, or rather the flexion of the foot, by the progressive turn of a few teeth of the wheel of his apparatus. At each time of making extension, which was generally in the morning, the patient felt considerable pain in the tendon, which always subsided in the course of two or three hours.

A month after this process had been commenced, the substance of reunion appeared to have reached the greatest length of which it appeared susceptible : it was then two inches in length, and much less in diameter than the rest of the tendon. The foot had reached a right angle with the leg, and the patient could walk or run with but little lameness some months after the operation.—*Lond. Med. Rep.*

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### III. PATHOLOGY AND THERAPEUTICS.

#### *Case of Aphonia.* By MILES PARTINGTON, Esq.

A youth, about twelve years of age, named Oldham, in Christ's Hospital, went to bed at the usual hour, and in the morning rose totally dumb ! He preserved every other faculty, but was obliged to write on a slate for every thing he wanted that he could not explain by signs. Every means of internal remedy, and also electricity, were resorted to without effect. Galvanism was also attempted, but so much resisted by the boy's fears, that it could not then be applied. His general health was invariably good. At length, by strong recommendations, his fears of galvanism were overcome, and it was applied five different days. On Friday week, being the evening of the fifth application, exactly eight months (to a day.) he retired to bed as usual, and awoke suddenly about eleven o'clock, making so much noise as to awaken some of his school-fellows. Their astonishment induced so much alarm, that the nurse opened the door of her adjoining apartment to learn the cause, when many voices exclaimed, "Oh ! nurse, Oldham can speak again !"—The nurse, doubting the fact, immediately went to him, and discovered the reality of this extraordinary phenomenon. In the morning, the boy had quite recovered his speech ; and, on being asked if he felt any peculiar sensation, merely said he thought he was being galvanised, as he felt the tip of his tongue affected, together with a rumbling in his inside. His speech has continued perfect ever since.—*Med. and Phys. Journal.*

The reporter of the above case attributes the suspension of aphonia to the employment of galvanism. Two cases somewhat similar to the above have recently fallen under our observation. In the month of January, 1819, G. B. about forty years of age,



as he awoke in the morning, found himself incapable of speaking. The loss of voice he attributed to a sudden cold, and expected that when the latter abated, the former would be restored. In this respect he was disappointed, and although his health was otherwise good, the aphonia continued about six months. Various remedies, and among them electricity, were tried without effect. After they were abandoned, he suddenly and unexpectedly recovered his voice. About three years after the above attack, he was again numbered with the mutes. His aphonia in this instance continued about eight months, when without the aid of medicine, he regained his voice. We ought perhaps to observe that the subject of the above remarks had been for many years "dyspeptic."

In the month of June, 1818, while in company with her friends, E. S. about seventeen years of age, suddenly lost the power of speaking. She immediately became the subject of medical treatment, and from an idea entertained by her physicians that the aphonia arose from disease of the brain, bleeding, emetics, purgatives and blisters, were employed freely, and for a considerable length of time. She derived no apparent benefit from these remedies, and having been previous to the attack in delicate health, her strength was materially reduced. She was next directed to use the mineral tonics, and in precisely three months from the period of her attack, she had the satisfaction of regaining her voice. In about one year from her first seizure, her aphonia returned—milder remedies were employed, but with no better success than before. In about two months, and while under no medical treatment, she once more regained the power of speech. Since then, her aphonia has recurred six or eight times, after intervals of six, twelve, or eighteen months, and medicines having proved unavailing in former instances, she has ceased to employ them. It is perhaps worthy of remark, that fatigue, mental anxiety, and exposure to cold, have uniformly preceded the aphonia, and that the voice has generally been regained, as in the case of Oldham, in the course of the night. Most generally the patient has awoke from her sleep, and found herself capable of engaging in conversation—but her voice at first is harsh and louder than common, and she complains, that for several days it is painful for her to speak. We design on some future occasion to give a more satisfactory account of these cases, which are introduced at this time, for the purpose of showing that Oldham's sudden recovery was not necessarily a "galvanic cure." [ED. M. J.]

*Cases of Bronchocele cured or relieved by Iodine.* By WILLIAM RICKWOOD, jun. Esq.

CASE I.—Sarah Geal, of Slinfold, aged twenty-seven, was first affected with enlargement of the thyroid gland about the age of puberty, and it became so large as to occupy the angle between the jaws ; it protruded beyond the chin, and the lower part rested on the chest. She breathed and swallowed with great difficulty, and was frequently unable to lie down in bed. She began to take the tincture of iodine, in the quantity of ten minims twice a day, on the 24th of April, 1821 : by the 1st of May, the tumor was much reduced in size ; and, by the end of June, it was not larger than a pigeon's egg, chiefly consisting of the loose integuments of the throat. She took, during the whole time, nearly three ounces of the tincture.

The second case was that of — Street, aged seventeen. The bronchocele had commenced about two years previously, and had acquired a considerable size : the right lobe of the gland was the largest, and which I have uniformly observed in every case that I have met with in this neighbourhood. This patient began to take the tincture of iodine on the 25th of September, 1821, and continued it regularly until the 14th of January, 1822 ; by which time the swelling had nearly disappeared.

CASE III.—A young lady, aged nineteen, applied to me with an enlargement of the lower portion of the thyroid gland. It did not protrude much outwardly ; neither was it pendulous, as in the two former cases ; but it felt hard to the touch. This patient began the use of the iodine (the tincture,) on the 14th of July, 1822, increasing the dose from ten to fifteen drops twice in the day, until the 14th of October, but without the least alteration in the size of the tumour : it did not, however, increase, which it was continuing rapidly to do before the iodine was employed.

CASE IV.—Mrs. A. aged forty-nine. In this patient the bronchocele had existed, without much inconvenience, for above twenty years : latterly, it had increased considerably ; and, from the pressure made on the trachea and œsophagus, she both breathed and swallowed with great difficulty, giving her at times the feeling of suffocation ; there is also considerable pain at times in the gland. Eight leeches were applied to the part, which bled freely, and relieved the pain. On the 4th of January, 1823, this lady commenced taking the iodine, and continued it, with occasional intermissions, until the 14th of March ; by which time the tumour was considerably lessened, and was no longer troublesome. This is the only case in which the iodine produced any unpleasant effects ; the patient complain-



ing of its giving her occasionally pain in the stomach and head, which subsided immediately upon discontinuing it.

I have three additional cases now under treatment, all of whom are improving. The two first cases above related had formerly used the burnt sponge, with temporary benefit ; they now remain quite well. Upon the whole, I feel perfectly convinced that the iodine is, in this disease, more certain in its operation than the sponge ; and I have also found it to be an excellent tonic in many other complaints.—*Med. and Phys. Journal*.

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MR. CHEVALIER, on *Relaxed Rectum*.

The lower portion of rectum is easily distensible ; but, while in its natural state, the peculiar sensibility of its mucous membrane speedily excites it, when moderately distended, to expel its contents ; and its muscular fibres are competent to this office (unless the fæces are unnaturally hard) with a very moderate assistance from the abdominal muscles. It is needless to say that it is very important to health, to preserve the sensibility of this portion of intestine unimpaired by strict attention to the regular performance of its functions. If this be long neglected, the natural sensibility gradually diminishes ; the bowel becomes surcharged for an undue time, and the energy of the muscular fibres is impaired, so as to require a more forcible exertion of the abdominal muscles to expel the stools ; and even this, sometimes, cannot be done without the assistance of medicine.

Under these circumstances, the superior portion of the rectum, and the lower part of the colon become sometimes so overloaded, and, at the same time, so deficient in action, that a great exertion of the abdominal muscles is excited for the propulsion of the fæces, when the upper, and undilated portion of the rectum is forced downwards into the lower and dilated portion, where it may be distinctly felt like a loose bag, of which it is difficult to detect the aperture by finger or bougie. The stools are now voided with difficulty, and in small irregularly shaped pieces, attended often with tenesmus, piles, or an increased secretion from the inner surface of the intestine. In men, the irritation is frequently communicated to the prostate gland, and neck of the bladder. In other instances, especially in females, the parts become so relaxed as to allow of a sufficient accumulation of fæces to fill up the whole pelvis, while the patient is very unconscious of such an accumulation as the following case will shew :—

A lady, who was afflicted with cancer of the breast, was con-

finer to bed by severe pain in the loins ; soon after which, she became unable to pass her urine, and it was drawn off at proper intervals by the catheter. Yet, on enquiry, she asserted that her stools were regularly evacuated, and in sufficient quantity. In about a fortnight after this, her attendants one day observed that the anus was dilated to the size of a half-crown, by the protrusion of *faeces*, which had so stuffed the rectum as to completely choak up the pelvis ; and although not hardened, the quantity prevented their being removed without the assistance of instruments. We have met with a similar case ourselves, and we know from dissections which we have made, that hardened *faeces* will lurk in the cells of the colon, particularly about its sigmoid flexure, for months—we had almost said years, while the more fluid *faeces* daily pass them and are evacuated *per anum*. These *faecal* deposits nevertheless keep up a constant organic irritation in the system which the patient is totally unable to describe, or describes in a way that is more likely to lead the physician astray than direct him to the true source of irritation. This is one among the many inconveniences which would be obviated were people in the habit of using lavements here, as they are in France.

When an upper portion of rectum is forced down into a lower, as has been described, the lower part of the colon is kept in a state of irritation, and an obscure heavy pain is felt in the loins, and about the sacrum, with such difficulty of voiding the *faeces* as often leads to the suspicion of stricture. Under these circumstances, an increased secretion of mucus from the surface of the colon may take place in a considerable amount, so as to collect in some of its sacculated portions, and to be discharged in a large quantity, and of a yellowish appearance resembling pus, causing a belief that an abscess had burst internally. The matter, Mr. Chevalier observes, is more tenacious than true pus, is not mixed with blood, and the discharge does not go on, as in case of abscess. If the state of the bowels be now properly attended to, all may do well.

This affection is most incident to females and to those who lead a sedentary life, overlooking irregularities of action in the bowels, and deferring obedience to the calls of Nature. Here purgative medicines are usually had recourse to, and the whole intestinal canal is irritated, for defective action in that very part which is most remote from their influence. The general health now often suffers ; all the evils resulting from costiveness taking place, while hypochondriacal gloom and dejection oppress the mind.

In respect to treatment, the principal and most certain relief



is to be obtained by the regular use of lavements, till the rectum becomes re-accustomed to empty itself in an habitual way.

Where the very lowest part of the rectum continues so dilated as still to allow the upper portion to descend, a strong decoction of oak bark or galls thrown up every night will be attended with the most beneficial effects. If not readily retained, some tincture of opium may be added to it. Should inflammation take place, which sometimes happens, at the prolapsed part, so as to consolidate the surfaces together, a permanent stricture or obstruction is formed, which, by the frequent irritation necessarily attending it, may take on a cancerous character, and of course prove fatal.—*Med. Chir. Review*.

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Mr. THOMSON'S case of *tic douloureux*.

The patient was a young lady, under fifteen years of age, of a sanguine temperament and quick parts. She had suffered an attack of the disease about a year before, and was not relieved for many months, although it was less severe than that for which I was requested to see her. The pain, which was most excruciating, and returned every three or four minutes, was situated under the chin, about an inch backwards from the symphysis of the lower jaw ; and apparently in the course of the branch of the ninth pair of nerves that supplies the *genio-hyoideus* muscle. A small knot or hardness could be felt externally, and this was enlarged during every paroxysm. The throat was partially affected, and deglutition somewhat impeded, as well as speech. The screams of the patient, when the paroxysms returned, and the writhings which the torture of the pain occasioned, were most heart-rending to those who witnessed them.

Finding that every remedy with which I was acquainted had failed, I resolved to try the effect of a powerful mental impression ; and, with this in view, made enquiry of the lady, under whose charge she was at school, if she knew of any strong antipathies of her pupil. She informed me she had an unconquerable dislike to a dog which was in the house ; and having obtained this information, and acquainted the governess with my intention, I proceeded to the room of my little patient, and informed her with as much gravity of countenance as I could command, that the only other remedy I had in store for her disease, was one which I meant should instantly be resorted to ; and that it consisted in rubbing the affected part with the back of the dog. The effect was most extraordinary—her face became as pallid as that of a corpse, large drops of sweat formed on the

forehead, and the girl appeared passing into the most alarming syncope. She, however, gradually recovered ; and from that moment, no other paroxysm of the tic was experienced until eighteen months afterwards, when the disease was arrested on the second day of its attack, by suddenly taking her out of bed, and hurrying her into a shower bath. The reason the dog was not again had recourse to was, that she had very imprudently been informed of the motive which had induced me to propose him to be employed in the former instance. I cannot attempt to give the rationale of this practice ; but I leave the facts in the hands of the profession.—*Med. Chir. Review.*

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#### IV. MATERIA MEDICA AND PHARMACY

Mr. KING, *on the purgative effects of Irritants applied to the Spine.*

It is stated by Dr. Wight, in an essay on the nature and treatment of fever, “ that a sinapism or a blister applied to the dorsal region of the spine will often excite the bowels to action, when the most powerful cathartics fail to produce such effect. It is proved, too, that cathartic substances, mixed with the common volatile liniment, and rubbed along the spine three or four times a day, will maintain a regular action of the bowels, after a course of cathartics, most assiduously administered, prove unsuccessful.” The following effects produced by the external application of tartar emetic, go to corroborate Dr. Wight’s opinion as quoted above.

——— M’Gregor, a young man, aged twenty-five, was seized, during the month of April, 1821, after exposure to cold, with a severe rheumatic affection of the dorsal portion of the spine, for which bleeding and the other remedies usually found of service in similar cases were resorted to without any benefit ; by the advice of a medical friend, I was induced to rub tartar emetic ointment on the surface of the part affected. Two days after the first application of this ointment, he informed me that he had been troubled during the night with a severe purging, which he attributed to the rubbing. At the time, not being aware that tartar emetic, when applied externally, would produce such effects, I ridiculed the idea, and attributed it to some derangement of the alimentary canal. I ordered the ointment to be continued till next day, when I was informed the purging had been still more severe than it was before my last visit. I now began to suspect that the emetic tartar might be received into



the system by means of the absorbents, or act through the medium of the nerves, so as to produce this effect; but to obtain a more satisfactory proof, I ordered it to be discontinued for three days, during which time the bowels returned to their natural action, as he had only one stool each day. I again commenced the use of the ointment, and again it exerted a similar influence over the alimentary canal, which obliged me to give up its use entirely.

—— Hamilton, a boy, aged thirteen, some time in the month of September, 1821, felt, for the first time, pain and weakness of the back and difficulty of walking, which, along with other symptoms, became more and more severe, and at length terminated in a very bad case of diseased spine. He was repeatedly blistered, and an issue kept open for six months on each side of the diseased bone; which, though it had produced little or no benefit, would have been allowed to discharge a longer period had it not been for his friends, who, by the advice of some ignorant person, would not allow it to be kept open any longer. As soon as it was completely cicatrized, I rubbed this ointment around the diseased part, as often as I was able from the state of the pustular surface. His bowels, previous to this, were always rather costive, and occasional doses of laxative medicine were required to produce regular evacuations; after the first rubbing their action was considerably increased, as he had daily two stools, at least, without the use of any opening medicine.

In the first case, the action of the medicine was very severe, keeping up a continual diarrhoea; in the other, however, its effects were more moderate, but sufficient to show distinctly its operation on the alimentary canal. During the external use of this medicine, neither sickness, nausea, nor any other of the effects produced by its internal administration, were observable: I have repeatedly rubbed it on other parts of the body, such as the nape of the neck, breast, &c. without observing any effect produced on the abdominal viscera.—*Lond. Med. Rep.*

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**M. ANDRAL** on the Medicinal properties of *Strychnia* and *Brucia*.

These remedies have lately been employed in one of the Parisian Hospitals by M. Andral in several cases of paralysis. The strychnia was given in the form of pills, each of which contained one twelfth of a grain of the pure alkali.

1. A painter, who had frequently suffered from attacks of

colic, was seized with paralysis of the extensor muscles of the hand. His disease had continued about a month, unalleviated by stimulating frictions, when he commenced with the strychnia. Having taken a pill in the morning and another in the evening, he experienced a kind of painful shivering in the extensor muscles of the hand. The three following days the same dose was taken with the same results. On the fifth, sixth, and seventh days, four pills were given, two in the morning and two in the evening, which produced moderate trembling of the limbs, and a spasmodic contraction of the extensors of the fingers, by which they were reversed on the back of the hand. The paralysis was diminished; and after continuing the use of the remedy a few days longer, the patient left the hospital with but a slight feebleness of the hands. 2. A painter affected with the same disease, began to use the strychnia. A single pill produced slight tremors and the commencement of a tetanic rigidity of the muscles of the neck, abdomen, and limbs. The next day he took another pill, and experienced but slight spasmodic contractions of the limb. After this he took two pills, one in the morning and another in the evening, which occasioned violent contractions of the arms. By continuing the remedy in this dose, his paralysis was removed in about twenty days.—3. A German of strong constitution, who had for a long time experienced a paralysis of the extensor muscles of the hands, produced by the preparations of lead, took a pill without any effect. Three pills were next given without any apparent result. One third of a grain of the strychnia produced slight tremors, but the dose was soon increased to a grain, which was taken without any relief. 4. A man having the same kind of paralysis with the preceding, took a pill of strychnia, which occasioned violent trembling. The next day another pill was taken without any perceptible result. Two pills produced strong shaking of the limbs. In a short space of time, the dose of strychnia was increased to two thirds of a grain. He left the hospital greatly relieved. 5. A potter was afflicted with the same kind of paralysis. The dose of strychnia was increased to a grain in twelve days, but he left the hospital without relief.

6. A man entered the hospital with incomplete hemiplegia, which had been treated ineffectually with blisters, moxas, and cautery applied to the lumbar region. He had moreover a curvature of the spinal column. One pill produced no effect, two pills produced slight shaking of the inferior limbs: four pills were given daily, when the patient experienced severe pain in the lumbar region and rigidity of the inferior extremities. His hemiplegia was increased and the remedy discontinued.



7. An old man, for a long time affected with complete hemiplegia, took three pills of strychnia without effect. Four pills produced slight contractions of the limbs, when the remedy was discontinued.

8. In a case of hemiplegia succeeding to a former attack of apoplexy, one pill produced tetanic rigidity of the paralyzed limbs. On the following days, although the strychnia was discontinued, he experienced severe pain in the head; his intellectual faculties were impaired, and his hemiplegia increased; in short there occurred most of the symptoms which characterize *softening of the brain*.

The BRUCIA was given in the form of pills, each of which contained half a grain of the alkali. 1. A painter, having experienced paralysis of the hands for about two months, took one pill of Brucia without effect. Two pills produced slight shaking of the arms: four pills excited strong contractions.—He left the hospital cured. 2. Another painter, affected like the preceding, took four grains of Brucia without effect. Four and a half grains produced an inconvenient tingling. Five grains brought on moderate contractions, and the paralysis was greatly relieved. 3. A house painter with paralytic hands, experienced a trembling from two grains. Three grains excited trembling, but his alleviation was slight. 4. A worker in lead, paralyzed like the preceding, experienced a tetanic rigidity of all his limbs, after having taken three and a half grains of Brucia. He was not materially relieved. 5. In a subject of paraplegia, who had taken two grains of Brucia, there occurred severe pain in the feet, and violent contractions of the inferior limbs. His condition was not much improved. From the preceding observations it is inferred, that strychnia possesses the medicinal properties of nux vomica, that the action of strychnia is so intense, that great caution is necessary in its employment, and that its effects vary in a remarkable degree according to the susceptibility of different individuals. The Brucia, as it acts with less intensity, may with advantage be substituted for the alkali of the nux vomica. In respect to their medicinal properties, both remedies appear more or less efficacious, according to the species of paralysis in which they are employed. In paralysis resulting from inflammation of the brain and spinal marrow, and in hemiplegia succeeding to apoplexy, their employment is useless if not pernicious; but in that species of paralysis which so frequently results from exposure to preparations of lead, these remedies are particularly efficacious. The preceding observations establish the efficacy of these alkalis, in six out of nine cases, which were either cured or greatly re-

lieved. We might notice other cases of the same kind which have readily yielded to the alcoholic extract of *nux vomica*.—*Journal de Physiologie*.

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*New Remedy for Salivation.*

Accident made known to Dr. Kruger Hausen, a new remedy for obstinate salivation occasioned by the use of mercury. A man employed to cure the itch by mercurial frictions, was severely salivated, so that his tongue was greatly swollen, deglutition difficult, and the mucous membrane of the mouth became the seat of frequent hemorrhagies. Various remedies were employed without any advantage. Fatigued with them, the patient covered his tongue and mouth with tar, by means of a pencil, and then enveloped the tongue in linen imbued with the same substance. The tumefaction, sanguineous evacuations and infected odour of the breath were immediately suspended, without the use of any other remedy. Dr. Kruger Hausen has since employed the same remedy in numerous cases, and always with entire success.—*Revue Medicale*.

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MEDICAL LITERATURE OF THE

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*New-England Journal of Medicine and Surgery*, VOL. XII. NO. IV.

ART. 1. *Remarks upon the study of Pathology ; being part of an Address delivered before the Boylston Medical Society, November, 1821.* By JOHN WARE, M. D. President of the Society.

The writer of this paper inculcates the necessity of taking into view those modifications of disease, which depend on the texture and on the functions of the organ affected. He observes that the same texture exhibits every where in disease similar phenomena, and undergoes similar changes, thus for example, the serous membranes have a predominating tendency to adhesive inflammation, and serous effusions ; while the mucous membranes are the seat of suppurative inflammation or sanguineous effusions. These considerations are undoubtedly very important, but in our pathological investigations, it is also necessary to ascertain the *kind*, as well as the *seat*, of diseased action.



ART. II. *Cases in Morbid Anatomy.* By JOHN GORHAM, M. D.  
*Tuberculated state of the mucous membrane of the larynx, &c.*

A gentleman, 36. years of age, had laboured for some days under a sore throat. On examination, the mucous membrane of the fauces was found to be inflamed, the uvula and velum were smooth, shining, and somewhat mottled; and the membrane behind the uvula was red and thickened. The countenance had a dingy appearance, the voice was hoarse and husky, tongue white, rough, and moist; there was pain and some difficulty in swallowing; pulse full, but not hard, no pain or uneasiness about the chest, there was cough, at distant intervals, and copious expectoration of mucus. In about three months the man died, and on examination the mucous membrane of the larynx and trachea was found studded with tubercles. The upper part of the pharynx appeared likewise to have taken on the same action, and the lungs were filled with tubercles in the state of incipient suppuration. The singularity of this case is thought to consist in the want of coincidence, between the symptoms and the actual state of the lungs.

The next case recorded by Dr. Gorham, was one of fatal pneumonia, characterized by uncommon dyspnoea. On examination the right lung was found gorged with blood, and covered with coagulable lymph; in the left cavity of the thorax, nothing was visible but a quantity of turbid liquor, which being removed, left the cavity apparently empty. On examining more narrowly, a dense flat substance, as large as the hand was found in the anterior and inferior part of the cavity, lying near the mediastinum. The third case was one of phthisis pulmonalis, attended with almost incessant vomiting. The latter was allayed by five grains of the oxide of bismuth, with an equal quantity of colombo. On examination after death, a contraction was found to have taken place "about the middle of the stomach, which lessened the cavity to the size of a common quill, while it enlarged towards both orifices."

ART. III. *Case of Syphilitic Ulceration of the Larynx.* By  
WALTER CHANNING, JUNR. M. D.

The patient had primary and secondary symptoms of syphilis, and during the last days of his life, suffered from hoarseness, soreness of the throat, difficult deglutition, cough, and laborious respiration.

"On opening the larynx an ulcer was discovered occupying its posterior and superior portions, deepest on the left side, and extending there to the sacculus. The ulcerated parts were of a dark colour. An irregular and carious piece of bone was

found lying loose in the ulcer, and floating in purulent matter. The thyroid cartilage was ossified, and in the process of caries this portion had been loosened from the rest."

ART. IV. *Clinical Remarks.* By A. L. PEIRSON, M. D.  
*Injuries of the head.*

In this paper, we have the history of four interesting cases.

1. A boy four years of age, fell from the second story and struck his head upon a post. The cranium was fractured, the dura mater penetrated, the brain wounded, and a portion of the cortical substance escaped. The wound threw out luxuriant granulations, which were repressed without injury, by caustic applications, and no symptom occurred to retard the cure.—  
2. A boy, 17 years of age, was struck, on the side of the head, by a heavy piece of timber. Appearances were favourable until the seventh day, when the patient suddenly became restless and uneasy, complained much of pain and stiffness of loins and back, and lay with his head drawn backwards. On the ninth day he died, but no examination was allowed. 3. A boy, ten years of age, "fell backward from a height of twelve or fourteen feet. A sharp stone penetrated the left parietal bone, and several small pieces of the cortical substance of the brain were found sticking about the wound. A portion of bone on one side of the wound was considerably depressed. The boy was languid and feeble, but not comatose. The pulse was slender and rather slow. The wound was lightly dressed, the patient was prohibited food, and ordered to take a laxative medicine." He was bled twice, and recovered in a very few days, without the occurrence of any accident. 4. A boy sixteen years of age, was thrown from a horse, and on examination, it appeared that the left parietal bone was fractured and depressed. The boy was faint and nearly insensible, vomited several times on being moved; his pulse was languid and he complained when the injured part was touched. Purgatives, bleeding, and blisters, were the remedies employed, and at the expiration of a fortnight the patient was convalescent.

"In this case, in which the symptoms rather arose from the concussion of the brain, than any irritation, or inflammation, caused by the depressed bone, bleeding from the arm appeared to produce no decided beneficial effect. The use of this remedy, so important in preventing membranous inflammation, is sometimes brought into discredit by being used too early after accidents of this kind. When a man is stunned by a blow on the head, he is taken up, while faint and sick, and bled immediately, as a thing of course. In general it is better to wait till



a moderate degree of re-action takes place, till the faintness and nausea are gone, and the pulse becomes more full, which generally happens within twelve hours.

In all cases of injuries of the head, the leading indication appears to be this : since the violence of the symptoms is not in proportion to the depression of the bone, nor even of the compression actually existing, some cases having been recorded where a depression of an inch and a half existed, and where the recovery was complete, without a bad symptom, *the existence of pressure on the brain occasioning dangerous symptoms*, can be the only reason for elevating the depressed portion of bone."

ART. V. *Case of Disease of the Knee Joint.* By SAMUEL WEBBER, M. D.

The injury of the knee joint, in this case, was apparently slight, the consequences serious. After a few days the joint became swollen, stiff and painful. Blisters, washes, plasters, and a large caustic issue, had been employed without any advantage. Two years and a half after the accident, the patient applied to Dr. Webber, when the muscles of the limb appeared wasted, the skin rough, shrunk, and cold, and the joint free from swelling. The patient "did not exactly feel pain in attempting to rest upon it, but a sense of distress and weakness, and after walking a little distance, he suffered much upon sitting down, from a dull aching of the joint." The remedies employed were stimulating frictions, showering with hot and cold water, and electricity ; to the last of which, Dr. Webber chiefly attributes the manifest improvement which had taken place in the state of the limb.

ART. VI. *Case of Hydrophobia, from the bite of a Raccoon.* By GEORGE RUSSELL, M. D.

Seven weeks after having been bitten by a raccoon, the patient (a boy eleven years of age,) was seized with manifest symptoms of hydrophobia. Dr. Russell was called on the fourth day of the disease. "He had not slept for three nights ; his pulse were about 100 ; there was an universal irritability of the system, with a sense of suffocation, and stricture of the throat and chest ; a continual spitting of a thick, frothy, tenacious saliva ; an inability to swallow liquids ; an unusual wildness of the eyes, and ferocity of countenance. He had had no evacuations from his bowels for three days ; his intellect was at times deranged, and he manifested a disposition to strike, but not to bite, persons who attended upon him ; his thirst was insatiable, particularly for water ; yet when presented him, he was unable to drink, and it produced immediate convulsions ; the sight of water did the

same." Opium in large quantities produced no effect, and the patient died on the following day.

ART. VII. *Case of Ruptured Uterus.* By J. BIGELOW, M. D.

At nine in the morning Dr. Bigelow visited the patient, in labour with her seventh child. The pains assumed a regular form, and increased in force till about 12, when the membranes broke. At 2, P. M. the head had reached the os externum, and every thing seemed favourable, but from this time the pains gradually abated, and by 3, had ceased to recur. Drs. Warren and Randall were called, and during the examinations made preparatory to instrumental assistance, the head was observed to recede. It was found impracticable to apply the forceps, and the alarming signs of prostration which occurred, induced the physicians to give an opiate and cordials, and "await the future." After two hours rest, the patient's strength was thought sufficient to admit of artificial assistance. The child was turned and delivered by Dr. Warren, and the placenta removed without difficulty. "It is worthy of notice, that although the fundus of the womb contracted to a solid ball before the child was taken from the abdomen, yet that the portion below the rupture did not contract at all, nor was the egress of the child or placenta impeded by any constriction of the fissure. The rent was in the posterior part of the womb, and doubtless at or near the cervix." At the expiration of two days the patient died.

ART. VIII. *Skirrheuses de l'Estomac.* Par Frederic Chardel D. M.

ART. IX. *Report on the Yellow Fever which prevailed in New-York in 1822.* By JOSEPH BAYLEY, M. D., &c.

"The great majority of our professional readers are probably weary of the discussions that have taken place from time to time upon the question of the contagious nature of the Yellow Fever, and are well satisfied that most of the controversies on the subject have led to any thing rather than useful and profitable results."

For this reason we shall merely state, that Dr. Bayley believes Yellow Fever to be an imported disease, and that the reviewers believe in its domestic origin, and refer to an epidemic state of the atmosphere co operating with the effluvia from decomposing substances as its most frequent cause.

ART. X. *Essays on Fevers and other medical subjects.* By THOMAS MINER, M. D. and WILLIAM TULLY, M. D. Middletown.

The main object of this work is to prove, that "fevers in their early stages may be subdued by *slow and moderate purging*



with calomel"—that "calomel and opium are the most efficient remedies in every low acute, febrile disease"—that "every devastating disease which has amounted to pestilence, whether Cynanche, Pneumonia, Dysentery, Cholera, Spotted Fever, Yellow Fever, Sweating Sickness, or Plague, has been of a decidedly typhoid type, and asthenic diathesis"—that "in acute asthenic diseases, bleeding is probably never judicious"—that "antimonials, nitre, cream of tartar, effervescing mixtures are always hazardous in the nervous fevers of the present day," and that the physician who is not acquainted with the powers of opium, alcohol, cinchona, capsicum, mineral solution, cantharides, turpentine, &c. in exciting and supporting the system, or with the necessity of observing regularity in the time and manner of their administration, has still the better half of his profession to learn."

If the writers of these essays really believe all this, they have certainly acted a disinterested part in making their opinions known. If "hecatombs are annually sacrificed to bleeding, antimonials and the antiphlogistic regimen," they have done wisely to expose the doctrinal errors, which have led the medical world astray. If the physicians of Europe have "lost all accurate knowledge of type, temperament and diathesis, of the distinction between active and passive inflammation; of the difference between inflammation and irritation; between a full and soft, or a strong and hard pulse," they certainly have done well to rescue from oblivion these important articles of our professional creed; if "thirty thousand inhabitants of the United States annually fall victims to an obviously injudicious, depleting and reducing course," they have acted like patriots in undertaking to point out the follies of their brethren, and to stay the unnecessary effusion of human blood. In their next volume, we hope they will make another calculation, and tell us how many have been victims to the injudicious use of opium, alcohol and cinchona. It would not be surprising if such an inquiry should lead to the fearful conclusion, that the efficient exciting and supporting agents of the *Materia Medica* may, like the lancet, occasionally become "instruments of mighty mischief." We hope, likewise, if they again see fit "to come forward in the cause of truth and humanity," that they will do it with mildness and decorum. That asperity of language, for which they offer no apology, would injure a good cause; it will ruin a bad one: it has indeed already exposed the writers to censure as indiscriminate as the practice they have denounced. We also hope that they will bear in mind, in their future exertions to advance the interests of medical sci-

ence, that there is no *opprobrium Medicorum* half so degrading as *opprobrious* epithets. But our business lies with the reviewers.

"We have, (say they,) never before met with so much presumption, arrogance, and self-conceit, so much impudence and folly, so much abuse and ill-nature, collected into one professional book. We have read every word of it, (and we take to ourselves credit for no small share of patience in having done it,) and we say with confidence, that, in our view, besides those qualities which we have just enumerated, it contains nothing that is new, that is not either false in theory, or rash in practice.

"The second part of this volume, by Dr. Tully, suffers not a little from the company in which it is found. The author holds in the main to the same general principles, with his colleague; but he does not carry them to the same extravagant lengths; nor advance them with that rancorous spirit which we have noticed in the first part."

To this verdict we should, as the lawyers say, have *filed a bill of exceptions*, if we had not understood it to be the intention of the authors themselves to move for a *repleader*. Dr. Tully's language is said to be divested of nearly all the asperity and bitterness, the rudeness and extravagance, which so remarkably characterise the writings of his associate. It is not our intention to apologise for the asperity of Dr. Miner; but we could easily show that the above distinction is both invidious and unjust; and we appeal to our readers to say if his faults have been somewhat overrated. This, however, is a mere *matter of opinion*, but when we state that some of those very essays for which Dr. M. is so severely censured, are currently attributed to his colleague, we then come to *matters of fact*.

The volume in question has certainly contributed to advance the literary reputation of its authors; it has proved them to be possessed of talents and industry, which, if properly employed, will promote the interests of medicine, and which, if wrongly directed, may prove injurious to the profession and to the community at large. Their doctrines and practice we shall not indiscriminately adopt or reject, but "after the manner which they call heresy," we shall occasionally prescribe antimony, and employ the lancet, until more thoroughly convinced that the practice is *rash, desultory, and indiscriminate*, and what is more to the purpose, *unsuccessful*.

ART. XI. *A treatise on Dislocations and Fractures.* By SIR ASTLEY COOPER.

This and the remaining papers of the New-England, are taken from Foreign Journals.